DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARTLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within was after death. Page 6 may be retained by the hospital or attending physician.	fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, sath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY CLINED IN DIOPOTO
DIVISION OF VIEW RECORDS, F.O. BOX	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERA! DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within in hours after cent with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traum	TO BE COMBLETED BY BUYSICIAN: MEDICAL CEDITIFICATION

1 - STATE REGISTRAR	STATE OF MARY	AND / DEPART			MEN1	AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) John	McNaughtor	1			MO	ch20,1		YEAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-32-0964			ONTHS DAYS	IF UNDER 24 HR:	· (Me	TE OF BIRTH onth, Day, Year)		Country)	ce (State or Foreign
9e. FACILITY NAME (If not institution, give 3000 01d RC		-		or LOCATION OF		20710	9c. COUN	rches	н
RESIDENCE OF DECEDENT									
Maryland Do:	rchester		nbride						I. INSIDE CITY LIMITS? YES 2\(\)\(\)\(\)\(\)\(\)
10e. STREET AND NUMBER 3000 01d R	oute 50	•	1	21.61	. 3			US	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes, s	CENDENT OF HIS pecify Cuben, Me	kleen, Puer	GIN? (Specify Yee to Rican, atc.)	or No-		American indian, hite, atc. White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18e. OECEDENT'S US (Give kind of wo	SUAL OCCUPAT rk done during m retired.)	ION lost of working		isb. KINO OF BUS	INESS/INDU	USTRY	
6		Seamai	n						
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (Fir	st, Middle, Maiden S	Surname)		
Fleming M	Naughton					cIntire			
J. Donald Mc!	Naughton					umber, City or Town			.3
20a. METHOD OF DISPOSITION 1 Sprayed 2 Cremation 3 Ren	noval from State	b. PLACE OF DISPOSIT	TION (Name of o	emetery, crematory	or	20c. LOC	ATION C	City or Town,	State
4 Donation 5 D Other (Specify)		East New							et, Md.
21. SIGNATURE OF HUNERAL SERVICE L	densee Um					Thomas. Cambi			Home 1. 21613
23. PART V. Enter the diseesee, or shock, or heert fellure. IMMEDIATE CAUSE (Finel diseese or condition resulting in death)	List only one ceuse on	My Can A consequence or:					retory erre	est,	Approximate interval Between Onset end Deat
Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF:)	ASCU)				years
PART II. Other significent condition	ne contributing to death	but not resulting in	the underlyi	ng cause given	in Part i	24s. WAS AN PERFORI	MED?	AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH	(Check ant	(one)			
1 NES 2 NO	1 inpatient 2 ER/Ou	tpatient 3 DOA 4		me 5 Reelder	ce 8 🗆 C	ther (Specify)			
27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		JURY AT YORK? YES 2 NO		DESCRIBE HOW IN	JURY OCC	CURED	
3 Suicide 8 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm, str ecify)	eet, factory, off	Ice	28f. L	OCATION (Street a Dity or Town, State)	nd Number	or Rural Rout	e Number,
CONTROL ONLY	SICIAN: To the best of my kno ER: On the beele of examinat								nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	et In	en i	(W)	29c. LICENSE	NUMBER	73	29d. DATE	3 20	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	PEATH (ITEM 27) (Type, F	Marine)		503	BYRN	ST	CR	MBRIDGE
31. DATE FILED (Month, Day, Year) MAR 2 1 '9{	32. REGISTRAR'S SIG	nature avidson-Rand	A 00						96

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within was after death. Page 6 may be retained by the hos-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be retained	le 5 shoule		notified
e 6 may b	rector, pag-		must be
death. Pagi	funeral dir		xaminer
urs after c	In by the	or removal.	nedical e
thin .	etely filled	emation, c	nt, the n
xecuted wi	and compl	burial, cr	natic ever
ficate be e	physician a	ne prior to	ner traum
leath certii	attending	ntal Hygier	ry, or oth
that the d	ed by the	th and Me	any Injur
v requires	been sign	t. of Heat	Shows
N: The lav	ficate has	State Dep	item 23
PHYSICIA	this certif	with the	irked, or
TENDING	TOR: After	after death	28 Is ma
TAL OR AT	VAL DIRECT	72 hours	It Item
HE HOSPI	HE FUNER	led within	ORTANT:
10	5	Se fi	MP

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEA	LTH AND N	MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last) Henry St	anley Moore	9			2. DATE OF DEATH MONTH 3 - 13 - 9 (NY YE	3. TIME OF DEATH 5:24 A M
4. SOCIAL SECURITY NUMBER 2 14 - 0 3 - 5 0 9 9		in yrs. lest birthday) IF I		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	SIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give a			CITY, TOWN OR I		JUne 27	1914 9c. COUNTY	OF DEATH
Edw. W.McCread	y Memorial	Hospital	Cri	sfield	1	So	merset
10a. STATE 10b. COUNT	•		sfield				10d. INSIDE CITY LIMITS?
Maryland 10e. STREET AND NUMBER	Somerset	Cri		P CODE		100 CITIZEN	1 ▼ YES 2 □ NO OF WHAT COUNTRY?
9 Columbia A	venue		102	21817			SA
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 - NO		y Cuban, Mexican	IC ORIGIN? (Specify Yes, n, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATION done during most of fred.)	f working	16b. KIND OF BU	SINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Upholste	erer		Upho1	stere	c
17. FATHER'S NAME (First, Middle, Last)			.10		ME (First, Middle, Maiden		
Orlando Pier 19a. INFORMANT'S NAME (Type/Print)	ce Moore	195 MAILING ADD	ORESS (Street and		Campbe Counte Number, City or Tow		
Eva Moore					risfield		
20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Rem	20k	. PLACE OF DISPOSITIO other place)				CATION — City	
4 Donation 8 Other (Specify)		unnyridge		PADDRESS OF FAC	Cri	sfield	d. Md.
23. PART I. Enter the diseases, or	Steeling	Le.	8N. Sc	Merse	ing _v Eune		9¶8, Ma. 218
IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	B. DUE TO (OR AS A	A CONSEQUENCE OF):	a	lung			interval Between Onset and Death
Sequentially list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in desth) LAST	С	A CONSEQUENCE OF):					
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):					PERFORMED? AVAILABLE PRIC COMPLETION D OF DEATH?		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLAC	E OF DEATH (Che	eck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpettent 2 ER/Out		THER: Nursing Home	5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK	Y AT ? 2	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stree clfy)	et, factory, office		281. LOCATION (Street City or Town, State		Rural Route Number,
(Orlock Orli)	SICIAN: To the best of my know ER: On the basis of examination						ause(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	1. Ban	fr	2	9c. LICENSE NUM	64	29d. DATE S	IGNED (Month, Day, Year)
on NAME AND ADDRESS OF PERSON W				017		1	,
31. DATE FILED (MORITI, Day, Year) MAR 1 4 90	32. REGISTRAR'S SIGN	NATURE HONDER	Md. 21	817			

31. OATE FILED (MONTH, Day, Year) MAR 26

'90

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be remained by the incepting the stending physician and completely filled in by the funeral director, page 5 should be described for use as the burial-trinical be filed within 72 hours after death with the State Dept. of Health and Mental Hyglens prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 28 shows any injury, or other traumatic event, the medical examiner must be netlified at once.

						91	1 10003
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH ANI CATE OF DEATH	MENTAL HYGIEN REG. NO		
i	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YE	3. TIME OF OEATH
	JAMES	Gray	MAXWE	511		2-90	
		_	, , , , , , , , , , , , , , , , , , , ,	F UNDER 1 YEAR IF UNDER 24 HR	Character Committee and	C	IRTHPLACE (State or Foreign ountry) ennsylvania
	9a. FACILITY HAME (If not institution, give street	at and number)	9	b. CITY, TOWN OR LOCATION OF		9c. COUNTY	
DIRECTOR	Suburban Hospital			Bethesda		Mont	gomery
2	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION			10d. IHSIDE CITY LIMITS?
DIB	Maryland Montg	omery	В	ethesda			1 TYES 2 NO
FUNERAL	100. STREET AND NUMBER 7710 Holiday Terra	ce		101. ZIP CODE 20817			of what country? ed States
	11. MARITAL STATUS 1 Never Married 2 XXII Arried	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma: 1 ☐ YES 2 ☒ NO Sp	kican, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify:
ВУ	3 Widowed 4 Divorced	WW II					White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	k done during most of working	18b. KIHD OF BU	SIHESS/IHDUST	RY
S.E.	100	College (1-4 or 5+)	Manageme	nt Supervisor	Tele	phone C	ompany
MF.	12 17. FATHER'S HAME (First, Middle, Last)		114114 90110		NAME (First, Middle, Maiden		
BE CC	John B.	Maxwell		Bert	Seeme and the seement	Gray	
0 8	19a. IHFORMAHT'S HAME (Type/Print)	2.2		OORESS (Street and Number or Ru			
	Josephine E. Maxwe			oliday Terrac		CATION - CHY	
	1 Buriel 2 X Cremation 3 Remov	al from State	other place)				
	21. SIGHATURE OF FUHERAL SERVICE LICEI	HSEE	Morraganer	22. NAME AND ADDRESS OF	FACILITY Robert	A. Pum	Maryland phrey Funeral
	· May 17	/ ^	00689	Home/Bethes	da-Chevy Cha	ase, In	c. 7557 . 20814-3501
	23. PART . Emer the diaeasea, or co	mplicationa that caused	d the death. Do no	t entar tha moda of dying,	such as cardiac or resp	olratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel	at only one cause on e	ech lina.	< ,	1 1		Onset and Daath
	disease or condition resulting in death) a.	Can	deors	mue sh	delp	,	8 hours
		DUE TO (OR AS A	CONSEQUENCE OF):	16	1.11	1 00	11/2
N	Sequentially list conditions, b.	acres	em	youardea	y inforcer	100	1/ hours
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	21 -	1 -1	heartide	12 1841
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO COD AS A	CONSEQUENCE OF	alleren	corpre	very inc.	elare 10 gro
E	that initieted events reaulting in death) LAST	our igiton as a	consequency.				j i
H	d.						
MEDICAL (PART II. Other significant conditions	contributing to deeth b	out not resulting in	the underlying cause giver	In Part I. 24a. WAS AI PERFO	H AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
9						2 2110	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YS 2 HO 1							
YS		1 Ninpetlant 2 - ER/Outp	patient 3 DOA 4	Hursing Home 5 Resider			
	27. MAHHER OF OEATH 1 X Hetural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJURY AT WORK? M 1 TYES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
2 Accident Investigation 2 Accident 28a, PLACE OF INJURY — At home, farm, street, factory, office 28t, LOCATION (Street and Number or Rural Route Number							Rural Ploute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know	viedge, death occurred	at the time, data and placa, and	due to the cause(a) and me	ennar as stated.	
MO	one)			, in my opinion, death occured at			suse(a) and manner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	acoll.	1. D	29c. LICEHSE	HUMBER DOIZ 068	29d. DATE SI	NEO (Month Day, Year)
2	30, HAME AHO AGORESS OF PERSON WHO	COMPLETED CAUSE OF DE	M - Kr		012008	1-01	-4/0

32. REGISTRAR'S SIGNATURE
Julia Davidson France

OHMH-16 Rev 1/89

06/22/E 890210A-14

phal or attending physician. ed for use as the burial-transit permit. Pages 1, 2, 3 should

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<	B	Slan
2	ficate	physic
5	Cert	ding
	death	atte
2	the	#
2	hat	5
5	ires t	signe
2	requ	Deen
1	e law	has
Ŀ	E	ate
>	SICIAN	certific
5	PHY	this
5	DING	After
בונים אומר הבסחם, ד.ס. בסא ומולים,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an nours as	UNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by
_	OSPITAL	UNERAL

	1 - FOR STATE OF M/	ARYLAND / DEPARTMENT OF H CERTIFICATE OF		ENTAL HYGIENI REG. NO.	9	0 10004	
	1. DECEDENT'S NAME (Flist, Middle, Last) Merle	MacDermott		2. DATE OF DEATH	90 YE	3. TIME OF DEATH 8:00AM M	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F	8. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. B	MATHPLACE (State or Foreign Maryland	
TOR	9e. FACILITY NAME (If not institution, give street and number) 628 Kensington Avenue Ea		a Park	тн	Anne	Arundel	
FUNERAL DIRECTOR	100. STATE 100. COUNTY Arundel	10° SETV. TOWN OR LOCAL	Y K			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	628 Kensington Ave. East	101	ZIP CODE 2114	16	10g. QITIZEN	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Marriad 3 Wildowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES 2 NO If yes, sp	ENDENT OF HISPANIA acity Cuban Maxican, 2 11 MO Specify:	C ORIGIN? (Specity Yea , Puarto Rican, atc.)		RACE — American Indian, Black, Whita, etc. Specify Caucasian	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during money) life. Do NOT use retired.) Ret. Register	st of working	Hospit			
BE COM	17. FATHER'S NAME (First, Middle, Last) John Albert Strong		Adeline	e Grey Str	ong		
10	Mr. William MacDermott	628 Kensingto	n Avenue	EaSeverna	Park	MD 21146	
	20s. MPTHOD OF DISPOSITION 1 Guriel 2 Cremellon 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSITION (Name of cer Lakeview Mem. Pa	rk	Syke	sville	, MD	
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE		nd address of factions of Funeral		itchie verna	Park MD 21146	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		RT FF	LILURE		interval Between Onset end Death	
	PART II. Other eignificent conditions contributing to d	deeth but not recuiting in the underlyin	g ceuse given in f	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
: MEDICAL				1 _ YES 2	.□ NO	COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Uses 2 No 1 Inputient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)						
ву Рн	27, MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	y, Year) INJURY W	JURY AT DRK? YES 2 NO	284 LOCATION (Street			
ETED.	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, tactory, offica building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, tactory, offica City or Town, State) 28s. LOCATION (Street and Number or Bural Route Number, City or Town, State)					ara rodo rumos,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the basis of axi		ouse(s) and manner as stated.				
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM D 3 3 7	S 7	≥ 3 -	GNED (Month, Day, Year) 9- 90	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS CHROLGS A.	SGAGGA MA	269	PGOVINSU	ILA F	ma Rom	
	MAR 2 6 1990 Julia 18					M // DHMH-16 Rev 1/69	

DHMH-16 Rev 1/89

BALTIMORE, MARYLA	in after death. Page 6 may be retained by the	d in by the funeral director, page 5 should be de or removal.	medical examiner must be notified at or	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completing med in by the funeral director, page 5 should be one filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical axaminer must be notified at an	

transit permit. Pages 1, 2, 3 should

	1 - FOR STATE OF MARY REGISTRAR		ITMENT OF H		MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle Last)				2. DATE OF DEATH	18	YEAR 3. TI	ME OF DEATH
	William . Avery 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGI	E (In yrs. lest birthday)	ECE	IF UNDER 24 HRS.	7. DATE OF BIRTH	-	. BIRTHPLACI	E (State or Foreign
	213-78-6030 1×1120F	29 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 03/01/5		MD (Country)	
~	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF E	DEATH		Y OF DEATH	f:
D.	Mercy Jospital		Balti	more <		· Cit	У	-
DIRECTOR	MD 10b. COUNTY Anne Arundel	10c. CIT A	nnapolis	,				INSIDE CITY LIMITS? VES 2 \(\square\) NO
FUNERAL	1254 Hill cop Drive	a sicili i	10	ZIP CODE 2]	401		S.A.	COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 FORCES? 1 FYES, GIVE WAR OR	S 2 NO	If yes, sp		NIC ORIGIN? (Specify Yean, Puarlo Rican, atc.)	or No- 14	or No— 14. RACE — American Indian, Black, Whita, etc. Specify White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of life. Do NOT u	(Give kind of work done during most of working life. Do NOT use retired.)			siness/indus		
SO	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S N	AME (First, Middle, Malden			
BE (Thomas J. Meece				hy Smith			
2	19a. INFORMANT'S NAME (Type/Print) Mr. Thomas J. Meece		Hilltop		Route Number, City or Tow Annapo			21401
		10b. PLACE OF DISPO				CATION — CH	MD ty or Town, Si	
	4 Donation 5 Other (Specify)		ven Ceme			n Burr	nie	
	21. SIGNATURE OF FUNERAL SERVICE LIGHTERSE			nco Fune	eral Home S	Ritchi everna		
	23. PART Enter the diseases, or complications that caus shock, or heart failure. List only one cause on	and the death. Do	not antar tha mo	da of dylng, au	ch aa cardiac or resp	iretory arres	st,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition payetting in death)	ve Cerel	ssal d	mage	,			Onset and Death
	DUE TO (OR AS	A CONSEQUENCE O		+				YK.
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CALISE (Disease or John) S C.	A CONSEQUENCE O	F):				1	
8	PART II. Other significant conditions contributing to death	hud and an authorized	In the same desirable				1	
CAL	Tracheal Stenosis	out not resulting	in the undariyin	g causa givan ii	PERFO	RMED?	AVAIL	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
PHYSICIAN: MEDI					1 _ YES :	Z JANO		EATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. P	LACE OF DEATH (C	check only one)			
IXSI	1 N YES 2 NO 1 Inpatient 2 A ER/O		4 - Nuraing Hon		6 Other (Specify)		10.00	
ВУ РН	1 Natural 5 Pending (Month, Day, Year 2 Accident Investigation	r) IN	JURY W	JURY AT DRK? YES 2 NO	26d, DESCRIBE HOW			
	3 Suicide 6 Could not be 4 Homicide detarmined 28a. PLACE OF INJURY — At homa, ferm, street, factory, offica building, etc. (Specify) 28a. PLACE OF INJURY — At homa, ferm, street, factory, offica City or Town, State)						Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examinar							manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	UMBER SILCO	29d. OATE	SIGNED (Mont	th, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF JOELS, Lahn MD 3			alt. mi). 21202			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SH 3 (18190 MAR 26 1990	GNATURE Lelia Navid	Porto	2_). 2120 2			
_	7	1	The second		-			DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

O THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 woulds after death. Page to may be retain.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho he fied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal,	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi	
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Ĕ	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 he fied within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burlal, cremation, or removal,	TAN	
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	1 - STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
y ii	1. DECEDENT'S HAME (First, Middle, Last) Lester James Minnick	, Sr.	2. DATE OF DEATH 3/12/90	(FAR //
Į.	4. SOCIAL SECURITY HUMBER 5. SEX 8. AGE (In yrs. Inst birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	3 _ /2 - 90 7. DATE OF BIRTH 8.	
	215-03-3257 1 3 €M 2 □ F 81 YRS. M	ONTHS DAYS HOURS MIN.	June 29, 1908 M	BIRTHPLACE (Stap or Foreign Country) Harri • Co aryland
DIRECTOR	HARTORD MEMORIAT HOSPITAL HARTORD MEMORIA TOSPITAL RESIDENCE OF DECEDENT	LCITY, TOWN OR LOCATION OF OIL HAVE OF GRADE HAVE OC.	PACE HA	ariord go.
IREC	100. STATE 10b. COUNTY 10c. CITY, 1 Maryland Harford County Bel	OWN OR LOCATION		tod. IHSIDE CITY LIMITS?
		Air	t0g, CITIZE	1 ☐ YES 2 🔀 HO H OF WHAT COUNTRY?
ERA	1430 North Fountain Green Road	21014		S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		NIC ORIGIN? (Specify Yee or Ho— 14 on, Puerto Rican, etc.)	i. RACE — Americen Indien, Black, White, atc.
			16b. KIND OF BUSINESS/IHDUS	STRY
COMPLETED	(Specify only highest grade completed) (Give kind of wor life. Do NOT use r	man /	The lines of Harmonian	
MPT	5 House	Painter	Self Empl	oyed
			ME (First, Middle, Maiden Surname)	
BE	THE THEODINANT'S NAME (Trophind) 2 11 of t. and 3/4 67/10 1 see Man INC AL	Berth	1.2. Route Number, City or Town, State, Zip Co	nofe)
5			Aberdeen Mary	
l,	20a, METHOD OF DISPOSITION 20b, PLACE OF DISPOSIT	ION (Name of cometery, crematory or orial Gardens	20c. LOCATION — Cit	ty or Town, State
	4 Donetion 5 Other (Specify) Del All Mem 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPh W. Foster	Orlal Gardens	Del Air, i	Maryland21014
	Desperous fister	50 West Broad Bel Air, Mary	cuty Foster Funer way & Williams pland 21014	Street
	23. PART I. Enter the diseases, or complications that caused the death. Do not shock, or heart failure. List only one cause on each line.	anter the mode of dying, aud	h as cardiac or respiratory arres	st, Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE DE):	Lecemp	ensatione	Onsat and Death CHA Slays
CERTIFICATION	Sequentially list conditions, if any, laading to immadiata cause. Enter UNDERLYING	5 2/1	enclity.	? "
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST			
AL C		the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
		azolemi	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDIC	- Co. P. D.	0	-	1 TES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C)	neck only one)	
SIC	EXAMINER? 1 YES 2 P NO HOSETAL: 1 Propertient 3 DOA 4	OTHER: Nursing Home 5 Residence	8 Other (Specify)	
PHYSICIAN:			28d. DESCRIBE HOW IHJURY OCCU	RED
тер ву		eet, factory, office	281. LOCATIOH (Street end Number or City or Town, State)	r Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYIHG PHYSICIAN: To the best of my knowledge, death occurred one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation,			1
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICEHSE HU	MBER 29d. DATE	SIGNED (Month, Day, fear)
10		TOS	10	712/70 4
	31. DATE FILED (Month, Day, Year) 32. RECUSTRAR'S SIGNATURE	Ave, Hav	re de grace	, Md, 21078
	MAR 1 3'90 Julia Davidson R	ando M.	V	

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1	-	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERIII	-IC/	ALE OF	DEATH	REG	i. NO.		
	1. DECEDENT'S HAME (First, Middle, Last)						2. DATE OF DEA			3. TIME OF DEATH
3	Lena Margaret Mi	11or					March 1	9 100	PASY	
ı			5		Carlos Company	1				1 11:15 P. M
			GE (In yrs. lest birthday	MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	bar)	Gou	THPLACE (State or Foreign intry)
	579-50-8136	1 M 2 F	95 YRS.	45			(Month, Day, Y Sept. 10	,1894	In	diania
	9a. FACILITY HAME (If not institution, give stre	eet and number)		9b.	CITY, TOWN	OR LOCATION OF DE	EATH	9c.	COUNTY OF	DEATH
5	Heritage Health (Care		Т	okoma	Park		М	Montgomery	
TO IO	RESIDENCE OF DECEDENT				01101110				011050	mer y
ايُ	10a. BTATE 10b. COUHTY		10c. C	TY, TO	WN OR LOCA	ТІОН				10d. IHSIDE CITY LIMITS?
5	Maryland Princ	e Georges		Di e	trict	Heights				1 YES 2 W NO
	10e. STREET AHD HUMBER	ce dediges		013		H. ZIP CODE		100	. CITIZEN OF	WHAT COUNTRY?
2	7107 8- 4 64					00717				
	7107 Foster St.	12. WAS DECEDENT EV		-		20747			U.S.A	
2	1 Never Married 2 Married	FORCES? 1 1				CEHDENT OF HISPAI pecify Cuban, Maxica			14. RA	CE — American Indian, ack, Whita, etc.
-	3 K Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES		1 🗋 YE	S 2 NO Specif	y:		Sp	•oMy: white
5	V- 1 1									
ū į	15. DECEDENT'B EDUC (Specify only highest grade of		16a. DECEDENT (Give kind o	work	AL OCCUPAT done during n	IOH lost of working	166. KIHD	OF BUSINES	S/IHDUSTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT	use ret	(red.)					
-	12		House	wif	e		Own	Home		
2	17. FATHER'S HAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, I	Malden Surna	me)	
	Albert Willi					Margar	et Luk	ens		
9	19a. IHFORMANT'S HAME (Type/Print)		19b. MAILH	IG ADE	RESS (Street	and Number or Rural			te, Zip Code)	
2	Beverly Williams		7107	Fo	ator	St. Distr	sict Uoi	ahta	MD	20747
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISP						H — City or	
	1 🖵 Burial 2 🗌 Cremation 3 🗆 Remo	val from State	other place)			111				1,500
	4 Donation 5 Other (Specify)	tuess f	Cedar H			tery AHD ADDRESS OF FA			nd, M	
	The same survive to	ZI VI	1							uitland Rd.
- 1	Deya	1 / Lell	bar		Rober	t E. Wilh	elm, In	c. S	uitla	nd, Md. 20746
	23. PART I. Enter the diseases, or co	omplications that cer	used the deeth. Do	not	entar the m	ode of dying, suc	h as cardiac Di	respirator	y arrest,	Approximete
1	shock, or heart fellure. L	lat only one ceuee o	on each line.	2	0	_				Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	1	1	1	of	6		4.0		
	resulting in death)	Recurra	AS A CONSEQUENÇE	111	as co	4 //n	umor	114		JAMIN
- 1		O TO OR	AS A CONSEQUENCE	Z:		n pri	. 0	2	/	
ξ [Sequentielly list conditions,	a vene	Scero	(C	a	renov	ajane	us a	rea	2
HILLAHON	if any, leading to immediate	HO) OF TO	AS A COHSEQUENCE	OF):						´ i
3	cause. Enter UNDERLYING CAUSE (Disease or injury				OE)					
<u> </u>	that initiated events resulting in deeth) LAST	DUE TO (OR	AS A COHSEQUENCE	: OF):						
	resulting in deetily Exst									
	PART ii. Other significant conditions	contributing to dea	th but not resultin	a in ti	ne underivi	ng cause given in	Part I. 24s. V	WAS AN AUTO	PSY 2	24b. WERE AUTOPSY FINDINGS
١ ٢								ERFORMED		AMAILABLE PRIOR TO COMPLETION DF CAUSE
5		·····					1 🗆	YES 2 H	10	DF DEATH?
Ĕ					1			1 TYES 2 NO		
ž										
§	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1		PLACE OF DEATH (C	heck only one)			
PHISICIAN: M	1 TES 2 NO		THER: Numing Ho	me 5 🗆 Residence	6 Other (Spec	ify)		*		
	27. MAHHER OF DEATH	28a. DATE OF IHJU	JRY 28b. 1	IME O	28c. II	NJURY AT	28d. DESCRIBE	HOW INJUF	Y OCCURED)
	1 Natural 5 Pending	(Month, Day, Y	HJURY		VORK? YES 2 HO					
0	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF IN	n, stree	t, factory, of	ice	28f. LOCATION	(Street and N	lumber or Rur	rel Route Number,	
3 Suicide 6 Could not be determined building, etc. (Specify) 4 Homicide determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 1 CERTIFYIHG PHYSICIAN: To the best of my knowledge, death occurre one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation							City or Town	, State)		
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at										
	(Check only									CONTROL STATE
5	2 MEDICAL EXAMINE	R: On the basis of exerti	nation and/or investiga	rtlon, li	n my opinion	death occured at the	e time, data and p	ace, and du	a to the caus	se(a) and manner as stated.
	290. SIGHAM AND STATE OF CENTERER	8 16	1/2.1			29c. LICENSE HU	MBER	290	. DATE SIGN	IED (Month, Day, Year)
2	Alaker V	111	VM 11			1011	20		211	Jarch 1990
2	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM 27) (7)	rpe, Prii	nt)				. /	,
		_								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE,							
	MAR 21 '90	Silia Davidso	SIGNATURE.							

authed for use as the burish-transit permit. Pages 1, 2, 3 should hospital or attending physician.

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BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and some safer death. Page 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directing within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner in

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	TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed with	fille tion,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	F	cate	iten	l
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages find within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	E	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MENT	REG. NO.			
		d Mille					n			90	1:35 PM
			In yrs. lest birthday) 34 YRS.	MONTHS C	YEAR IF U	INDER 24 HRS.	7. DA	TE OF BIRTH onth, Day, Year) Y 11,190)5	Mary	ace (State or Foreign
OR B	96. FACILITY NAME (If not institution, give street Williamsport Nursin	and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION					100	d. INSIDE CITY
E	Maryland Washin	gton	Wi	lliams 							LIMITS? YES 2 NO
ERAI	E. Potomac St, WIII				101. ZIP 1				USA		T COUNTRY?
BY FUNERAL	11. MARITAL STATUS 12 1	. WAS DECEDENT EVER IN FORCES? 1 [] YES IF YES, GIVE WAR OR O	2 NO	If y	es, specify		an, Puer	GIN? (Specify Year to Ricen, etc.)	or No 14	Black, W	American Indien, inte, atc. White
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +) Sales Manager 18b. KIND OF BUSINESS/INDUSTRY (Give kind of tworking life. Do NOT use retired.) Laundry										
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +) College (1-4 or 8 +) Sales Manager 17. FATHER'S NAME (First, Middle, Last) John Michael Miller 19. INFORMANT'S NAME (Type/Print) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Luther Beard											
TO	199. INFORMANT'S NAME (Type/Print) David Miller							umber, City or Town amsport,			
	20g. METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State S1	t. Page of Dispo	S Ceme	of cometery,	cremetory or			ation - ch		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box348 Osborne Funeral Home Williamsport, MI									,MD 21795	
	23. PART Entar the diaeeses, or complications thet ceused the death. Do not entar the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF):								Approximate interval Batween Onset and Death		
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	cas €. P:							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Diseasa or injury that initiated events reaulting in daath) LAST	DUE TO (OR AS A	CONSEQUENCE O	elom Fi	a						
	PART II. Other significant conditions of	ontributing to death t	out not reaulting	in tha und	erlying cau	use given in	Part i	. 24a. WAS AN	AUTOPSY	24b. WE	ERE AUTOPSY FINDINGS
PERFORMED? 1 YES 2 NO OF DEATH?									MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: OTHER: 1 YES 2 NO 1											
To the state of th											
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, city)	street, fector	y, office			OCATION (Street e City or Town, State)	nd Number or	Rural Rout	e Number,
3 Suicide 4 Homicide 4 Homicide City or Town, Stets) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated.									nd manner ee stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	M			290	LICENSE NU			29d. DATE S	SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C				, MD	20832		C=3			
	31. DATE FILED (Month, Day, Year) MAR 27 90	32. ABGISTRARED SIGN	son-Randal	2							

DHMH-16 Rev 1/89

IARYLAND 21203-3146

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by III+ Contains	or removal	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical enterty	
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	* REGISTRAR				ICALE	: OF	UEA	Ш	Ri	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		le Willia	am Mi	INER				2. DATE OF D	EATH DA	Y	YEAR	3. TIME OF DEATH
	Clyde W. L.								Mer	1	5		0330 M
		5. SEX	8. AGE (In yrs. lest		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day NOV	Year)	1010	Count	HPLACE (State or Foreign ry)
	717 077 3100		77	YRS.						LO, .	1912		ryland
~	9a. FACILITY NAME (If not institution, give s		1					ON OF DE	ATH			c. COUNTY OF DEATH	
<u>6</u>	Washington County	y Hospita	3.T		Нар	gers	town				Wasi	ning	ton
<u>입</u>	10a, STATE 10b. COUNT	Y		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
DIRECTOR	Maryland Wash:	ington		Hagerstown								LIMITS?	
	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?
FUNERAL	827 Woodland Way					2	1740				US	SA	
S	11. MARITAL STATUS		IT EVER IN U.S. AR						IC ORIGIN? (Sp		or No-	14. RAC	E — American Indian, k, White, etc.
	1 Never Marriad 2 Married	IF YES, GIVE V	☐ YES 2 🔯 N MAR OR DATES	Ю				in, Maxican Specify:	n, Puerlo Rican	, atc.)			ite
) BY	3 Widowed 4 Divorced	l										wh	ite
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	(GI	ive kind of	T'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY of work done during most of working								
Ë	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us					D	,	0		
₽		U	as	sseml	oler							rpo	ration
	17. FATHER'S NAME (First, Middle, Last) William E. Miner						100		ME (First, Middle	, Maiden :	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		100					rie V					
2	Donald E. Miner								oute Number, C				217/10
	20a, METHOD OF DISPOSITION		20b. PLACE						CISCOV				own, State
	1 ☆ Burial 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	Cedar	Lawi	эпомия	me or cer	1 P	naiory or ark					Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE							CHITY			, w 11 9	rial y land
		1					HOMI				27.7.0		
	Scott	uch										, Md. 21740	
	23. PART I. Enter the diseases, or shock, or heart failure.				not enter	the mo	de of dy	ing, aucr	n as cerdiac	or respi	ratory ar	rest,	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a												
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate									1			
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EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):	. ,							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	с				•							
Ħ	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	QUENCE O	IF):								
H	resulting in death) CAST	d					_						
1	PART II. Other significant condition	ns contributing to	death but not r	esuiting	in the un	nderlyin	g cause	given in	Part I. 24s	. WAS AN		24	. WERE AUTOPSY FINDINGS
2									110	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
											100		1 YES 2 NO
	Σ								_				
25. WAS CASE REFERRED TO MEDICAL						26. P	ACE OF D	DEATH (Che	eck only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOPETON 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 1. NO DEATH 1.						R: sing Hon	w 5 □ R	esidence	8 Other (Sp	ecity)			
27. MANNER OF DEATH (28a. DATE OF INJURY (Month, Day, Year) INJURY INJURY							URY AT		28d. DESCRI	BE HOW I	NJURY OC	CUREO	
ВУ Р	Natural 5 Pending investigation	(MOnth, I	Day, rear)	"	M		PRK? YES 2 [□ NO					
	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY At he , etc. (Specify)	me, farm,	street, fac	tory, offic			28f. LOCATIO	N (Street a	and Numbe	r or Rural	Route Number,
Success and control of the determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and due to the cause(b) and due to the cause(a) and due to the cause(b) and due to the cause(a) and due to the cause(b) and due to the cause(a) and due to the cause(b) and due to the cause													
one) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner a							a) and manner as stated.						
	29b. SIGNATURE AND TITLE OF GERTAFIE		-					ENSE NUN					D (Month, Day, Year)
BE	11.11	2 hohe					1	7/11	66		•	MA	1 26 90
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Type	e, Print)			, 1,0	00			11/11	2.0 10
	H M	UKAKS											1
	31. DATE FILED (Month, Day, Year)												
	31. DATE FILED (MONTH, DON, YOUR) 32. REGISTRAR'S SIGNATURE Julia Davidson-Rando DO												

as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

Edward

W.31. OATE FILED (Month, Day, 169) MAR 22990

	FOR STATE REGISTRAR		STATE OF N		/ DEPAI						YGIEN EG. NO.	E				
	1. DECEDENT'S NAME (First,	Middle, Last) Wilb	ur	Edwi	n	мо	SER			2. DATE OF MONTH March	20,	19	990°	3. TIME 4:(OF DEATH	Ам
	4. SOCIAL SECURITY NUMBER 214-36-7227		5. SEX 1 X M 2 F	6. AGE (In yrs	. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, De March	SHTH y, Year)	921	Beve	er Ci	state or Fore	
TOR L	9a. FACILITY NAME (If not in 20130 Dog RESIDENCE OF DEC	Street						ysvi]		EATH			nty of the			
DIRECTOR	10a. STATE Maryland	106. COUNTY Washi	ngton			ry, town Keedy								LIM	SIDE CITY HTS?	0
FUNERAL	10e. STREET AND NUMBER 20130 Dog	Stree	t Rd.				10	2175					S.	WHAT COL		
⋒	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	□ NO	13.	If yes, sp		n, Mexica	IIC ORIGIN? (S n, Puerto Ricad /:		or No—	Blac	E — Amer k, Whita, i		,
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Excavating Contractor Farmer—Sawmill Operator Self Emp									mploy	yed						
9	17. FATHER'S NAME (First, M Wilbur D	liddle, Last) David M	oser			· •		16. MOT		ME (First, Midd		Surname)				
20	194. INFORMANT'S NAME (1 Helen G.	,								Route Number, (2175	56	
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Beaver Creek Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY															
	≥ John H.	J.F.					HOME,		6 Boo			Pike 21713	3			
23. PART I. Enter the diseasea, or complications that caused the deeth. Do not e ehock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) E-955 - Firearms OUE TO (OR AS A CONSEQUENCE OF):						not ente	r the mo	ode of dy	Ing, suc	h aa cerdiac	or resp	ratory er	reet,	In	pproximat terval Bet nset end i	tween
						OF):								I	mmed	•
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING																
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):																
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Manual Part 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Manual Part 3 DOA 4 Nursing Home 5 Manual Part 5 Manual						g cause	given in		e. WAS AN PERFOI	37	240	AVAILAB COMPLE OF DEAT	UTOPSY FINI BLE PRIOR TO ETION DE CA TH? ES 2 \(\text{NO.}\)	O NUSE		
SICIAN	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	EP/Outnotice	# 2 □ DOA	отне	R:			eck only one)						
2 Accident Investigation 3/20/90 4:00 AM 1 YES 2 X NO to 1									BE HOW	cted	gun	shot	woun	ıd		
입	-VV	Could not be detarmined	28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route / City or fown, State) 7 0 1 3 0 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						Route Num g St land	reet	Rd.					
COMPLET	(Check Only		CIAN: To the best o											(a) and ma	nner as ste	eted.
TO BE C	296. SIGNATURE AND TITLE	w.	Dix.	Log	20	7		29c. LIC DO 1	062	MBER				20,	Day, Year))
- 1	30. NAME AND ADDRESS O	F PERSON WHO	D COMPLETED CAL	SF OF DEATH	(ITEM 27) (To)	no Print)										

Ditto, III, M.D., 217 West W

217 West Washington Street, Hagerstown, Maryland 21740

TO BE COMPLETED BY FUNERAL DIRECTOR

BALLIMORE, MA	rs after death. Page 6 may be retain	n by the funeral director, page 5 shi	edical examiner must be notif	
DIVISION OF VITAL RECORDS, F.C. BOX 13148,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	be filed within 72 hours aret death with the state Dept. of Realit and Mental hyperic prior to buria, but the medical examiner must be notifi- IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifi-	

31. DATE FILED (Month, Day, Year)

MAR 21

	FOR STATE REGISTRAR	STATE OF MARYLAND /		MENT OF HE		MENTAL HYGI REG.					
,	1. OECEDENT'S NAME (First, Middle, Last)		_			2. DATE OF DEATH		3. TIME OF DEATH			
	Lyman Mil	liken				3-19-9		8:30 AM			
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. le:	st birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign			
	217-30-0027	X M 2 🗆 F 84	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Yea 4/27/05	M	Country) AINE			
OR	9a. FACILITY NAME (if not institution, give street FAIRHAVEN 7200 This				le, Mary		©c. COUNTY CARROLI	L COUNTY			
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10										
DIRECTOR	MD CARROLL SYKESVILLE										
FUNERAL	100. STREET AND NUMBER 72007H1RD	OILE		101.	ZIP CODE	4	,	OF WHAT COUNTRY?			
ž I		2. WAS DECEDENT EVER IN U.S. AI	RMED	13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify		RACE — American Indian,			
ΒX	1 Never Married 2 🙀 Married 3 Widowed 4 Divorced	FORCES? 1, YES 2 IF YES, GIVE WAR OR DATES		Black, White, etc. Sportite male							
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondery (0-12)	mpleted) (C	ECEDENT'S USI Give kind of work a. Do NOT use re	UAL OCCUPATION done during mos etired.)	N t of working	18b. KIND OF	BUSINESS/INOUST	FRY			
2	11THERADE 4	C 1 (100 5+)	DEST	747/6	ETIERO)	R	IVATE	-			
NO	17. FATHER'S NAME (First, Middle, Last)	02/18/2	DER		18. MOTHER'S NAI	ME (First, Middle, Ma		•			
BE	Charles Milliken				Martha E	Burnham					
	19e. INFORMANT'S NAME (Type/Print)	10	b. MAILING AD	DRESS (Street an	d Number or Rural F	Route Number, City or	Town, State, Zip Co.	de)			
유	Fairhaven		7200 ጥ	nird Am	enue Suk	esville	MD 2179	2/1			
	20a, METHOD OF PISPOSITION	20b. PLACE	OF DISPOSITI		etery, crematory or		LOCATION — City				
	1 Burial 2 Cremation 3 Removal	of from State Other p	P. 126 C	PEMA	TION		4AMDST	EAD, MD			
- 1	21. S'GNATURE OF FUNERAL SERVICE LICENS		0000		D ADDRESS OF FAC		1	110			
	1 70 To	4/- 1000		1,, ,		2	1,				
_	Hours U.	HainAl		Margh	7 F.H. B	02 195	SIKESV.	LE, HO21784			
	23. PART I. Enter the diseases, or com	inplications that caused the di it only one cause on each lin	eath. Do not	anter the mod	da of dying, auci	h sa cardiac Dr n	espiratory strest	, Approximate interval Between			
	IMMEDIATE CAUSE (Final	on a death and a death and		11				Onset and Death			
	disease or condition -> a. Cerebro criscular accident 3 month										
	DUE TO (OR AS A CONSEQUENCE OF):										
-	a. Corbo resulting in death) a. Corbo rescular accident Due to (or as a consequence of): Pawaymal atrial fibrillation years										
	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
0	Sequentially list conditions,	DUE TO OR AS A CONSE	EOUENCE OF):	Jupre	acted			yeurs			
SATIO	if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A CONSE	EQUENCE OF):	Jub 12	deles			yeurs			
FICATION	if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):	Jubra	allos			yeurs			
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	OUENCE OF):	Jubra	Willon			yeins			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):			- 1		yeins			
I	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):			Part I. 24a. WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO			
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PHYSICIAN: MEDICAL	PART II. Other algniticant conditions of the con	DUE TO (OR AS A CONSE	COUENCE OF):	26. PL THER: Whursing Hom WO WO WO	ACE OF DEATH (Choose 5 - Rasidence	eck only one) 8 Other (Specify)	RFORMED?	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	PART II. Other algniticant conditions of the con	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE CONTributing to death but not ACCUPATION TO THE CONTRIBUTION TO THE CONTRIBUTIO	resulting in a DOA 4	26. PL THER: Nursing Home F 28c. INJ! Y 00 M 1 1	ACE OF DEATH (Ch	eck only one) 8 Other (Specify) 28d. DESCRIBE H	S 2 PNO	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	PART II. Other algniticant conditions of the con	DUE TO (OR AS A CONSE	resulting in a DOA 4	26. PL THER: Nursing Home F 28c. INJ! Y 00 M 1 1	ACE OF DEATH (Ch	eck only one) 8 Other (Specify) 28d. DESCRIBE H	OW INJURY OCCUP	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	PART II. Other algniticant conditions of the con	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE CONTributing to death but not ACCOUNTS TO THE	COUENCE OF): resulting in 1 3 □ DOA 4 29b. TIME C INJUR	26. PL OTHER: Diffusing Hom WO M 1 Y nat, factory, office	ACE OF DEATH (Ch	eck only one) 8 Other (Specify) 28d. DESCRIBE H	DW INJURY OCCUP	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number;			
BY PHYSICIAN: MEDICAL	Sequentially last conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST d	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE CONTributing to death but not ACCOUNTS TO THE	COUENCE OF): resulting in 1 3 □ DOA 4 29b. TIME COUENCE OF):	28. PL THER: Valuesing Hom Y M 1 Y set, factory, office at the time, data	ACE OF DEATH (Chi	eck only one) 8 Other (Specify) 28d. DESCRIBE H 281. LOCATION (St. City or Yown, St. City or Yown,	DW INJURY OCCUP reet and Number or late)	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,			
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially last conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE CONTributing to death but not ACCOUNT TO (OR AS A CONSE CONTRIBUTION TO (OR AS A CONSE CONTRIBUTION TO (OR AS A CONSE DUE TO (OR AS A CONSE CONTRIBUTION TO (OR AS A CONSE DUE TO (OR AS A CONSE CONTRIBUTION TO (OR AS A CONSE CONTRIBU	COUENCE OF): resulting in 1 3 □ DOA 4 29b. TIME COUENCE OF):	28. PL THER: Valuesing Hom Y M 1 Y set, factory, office at the time, data	ACE OF DEATH (Ch. 5 G Rasidence URY AT RK? ES 2 NO and place, and due	eck only one) 8 Other (Specify) 28d. DESCRIBE H 281. LOCATION (St. City or Town, St. City or Town,	DW INJURY OCCUP reet and Number or State) I manner as stated. e, and due to the c	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,			
BY PHYSICIAN: MEDICAL	Sequentially last conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST d	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE CONTributing to death but not ACCOUNT TO (OR AS A CONSE CONTRIBUTION TO (OR AS A CONSE CONTRIBUTION TO (OR AS A CONSE DUE TO (OR AS A CONSE CONTRIBUTION TO (OR AS A CONSE DUE TO (OR AS A CONSE CONTRIBUTION TO (OR AS A CONSE CONTRIBU	COUENCE OF): resulting in 1 3 □ DOA 4 29b. TIME COUENCE OF):	28. PL THER: Valuesing Hom Y M 1 Y set, factory, office at the time, data	ACE OF DEATH (Chi	eck only one) 8 Other (Specify) 281. LOCATION (Si City or Town, 5	DW INJURY OCCUP reet and Number or state) I manner as stated. e, and due to the c	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,			

32. REGISTRARIS SIGNATURE
Julia Davidson-Randall

CM. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

MMEDIATE CAUSE (Finel disease or condition) Sequentially list conditions, if any, leading to immediate cause. Enfer UNDERLYING CAUSE (Disease or injury out to fine and a proposed and appropriate play to some sequence or injury out to fine training in death). Sequentially list conditions, if any, leading to immediate cause. Enfer UNDERLYING CAUSE (Disease or injury out to fine training in death). LAST OUE TO (OR AS A CONSEQUENCE OF): OUE TO			REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
SOON SECURITY ROMERS 1. DEZ SA ASS (in yr a not shrowing) 1. DEZ SA		i	1. DECEOENT'S NAME (First, Middle, Last)	m	11/1/1/				i on	3. TIME OF OEATH
SOURCE TO THE STATE AND HUMBER IN THE COUNTY SENSE OF PRICE COUNTY SENSE OF PRICE COUNTY SENSE OF PRICE AND HUMBER IN THE COUNTY SENSE OF PRICE AND HUMBER IN THE COUNTY SENSE OF PRICE COUNTY SENSE OF PRICE AND HUMBER IN THE COUNTY SENSE OF PRICE		-	HELEN				W 100000 04 1000	1	- 10	M
THE PRODUCT OF THE PR			372-09-7536	1 - M 2 4 F	2 -			(Month, Day, Year)	Coun	HPLACE (State or Foreign try)
THE STATE OF SHAPE OF THE STATE OF SHAPE OF THE STATE OF		NO	CARROIL CO. GEN							
STREET AND INJURIES St. DP CODE 1. MAN TAL STATUS		ECI			10c. CITY,	TOWN OR LOCATION	ON			10d. INSIDE CITY
The property of the property o	28 10	100		0//		ESVILLE	5			LIMITS?
The property of the property o	ansk pen	IERAL	SEA CAMER INC. SECTION	C+				·	10g. CITIZEN OF	WHAT COUNTRY?
THE PARTY OF THE P	3146 ing physics the burist-s	- 11	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, spec	cify Cuban, Mexico	n, Puerto Rican, etc.)	Blac	ck, White, etc.
THE PARTY OF THE P	or attend		(Specify only highest grade	completed)	(Give kind of we	ork done during mos retired.)	t of working	16b. KIND OF BUS	BINESS/INOUSTRY	0.1.7
The purpose of the pu	ospler ched th	单	High School		Hous	SEWIF	6			
The MALING ADDRESS (Shoet and Number or Part) Fouth Number or yor Town, State, 12 code)	# E E		17. FATHER'S NAME (First, Middle, Last) SAM PAT	NEY			18. MOTHER'S NA	ME (First, Middle, Malden PRL PA'	Surname) TNEY	
20. SETTION OF DISPOSITION 20. SETTION OF STATE OF PRICE OF DISPOSITION Name of contributing causes given in Part I. 20. SETTION OF DISPOSITION Name of Cambridge or Price of Part II and the price of	MAR retain 5 sho		0 11	LKO	1.00	_				184
THE DISTRICT CAUSE (Fine) 1. Approximate interval Between Ones and graph of the part of t	m		20e. METHOD OF DISPOSITION	20t	. PLACE OF DISPOSI	TION (Name of come	etery, crematory or	20c. LO	CATION - City or 1	own, State
THE DISTRICT CAUSE (Fine) 1. Approximate interval Between Ones and graph of the part of t	MOF age 6 directo		4 Donation 5 Other (Specify)	5	TIPETER	WAUL B	YZANTIA	IECEH. PO	RTAGE,	PA.15946
23. PART I. Enter the eleasese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Battween Onset and Death			Harves 11	1. Thright		Li overh	TE II	CILITY COLLITY	Kervin	E-MODITA
MMEDIATE CAUSE (Fine) The part of the par	tea got aft		23. PART i. Enter the diseases, or c	ompilcations that cause	d the death. Do no					
Tesulting in death) Sequentially list conditions, and to consequence of process and consequence and consequ			ahock, or heart failure.	list only one cause on e	ech line.	- /	10	11		Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause, enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUT OF ART 1, Other, significant conditions, if any, leading to immediate cause, enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUT OF ART 1, Other, significant conditions contributing to death aut not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPETION OF CAUSE OF DEATH (Check only one) PARTY 1, Other, significant conditions, and a Consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a consequence of): OUT OF ART 1, Other, significant conditions, and a conse	tely fill mation			Minor	e En	Cepla	Jog Co	ethill		
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A SOURCE CONTRIBUTION OF CAUSE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 27. MANNER OF OEATH 28. DATE OF INJURY AND SOURCE CONTRIBUTION OF CAUSE OF DEATH AND SOURCE CONTRIBUTION OF CAUSE OF CONTRIBUTION OF CAUSE OF DEATH AND SOURCE CONTRIBUTION OF CAUSE OF CONTRIBUTION OF COURSE OF CONTRIBUTION OF CAUSE OF CONTRIBUTION OF CONTRIBUTION OF	Ⅲ 22 € 2 2		that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):				
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The state of Death (Check only one) Completion of Cause of Death (Check only one)	S, the d Injur	- 11	PART IL Other significent condition	contributing to desth	ut not resulting in	n the underlying	cause given in	Part i. 24a, WAS AN		
EXAMINER? DOBO DOB	~ 6.6	음	Cottegew Va	Lewart	exected.	0/)4	weeker.	134111	1	COMPLETION OF CAUSE
EXAMINER? DOBO DOB	EC equire equire of Hea		- MARK			γ				1 - YES 2 - W
EXAMINER? DOBO DOB	law ras be Dept.	Ä	26 WAS CASE DEFENDED TO MEDICAL			00.01	ACE OF BEATU O			
27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 28e. DATE OF INJURY M 1 YES 2 NO 28e. DATE OF INJURY M 1 YES 2 NO 28e. DATE OF INJURY M 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJU	LTA V: The icate State Item	泛	EXAMINER?	HOSPITAL:	neticet 2 004	OTHER:				
NO STATE A COLUMN Control of the part of t	the the	⋛∥		28e. DATE OF INJURY	26b. TIME	OF 28c. INJU	JRY AT		NJURY OCCUREO	
OS No. 2 Section (Street and Number or Rural Route Number, Date of the Section of		- 1	Lanco et center	(Month, Day, 18ar)	INJU					
	SION TTENDIN TOR: Afte after dea	<u>ا</u> ۵	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	t — At home, farm, at cify)	treet, factory, office		281. LOCATION (Street City or Town, State)	end Number or Rura	Route Number,
Check only Check only Check only School of the Check only School of the Check only School	OR AN DIRECTORING TERM	9		CIAN' To the best of my know	dadae deeth course	d at the time date.	and place, and drug	to the severals) and ma		
MEDICAL EXAMINITY On the boole of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end manner as stated.	HOSPITAL FUNERAL WITHIN 72 TANT: IT	COMPL	A result	7						(a) end manner as stated.
THE HE WAS SIGNATURE AND TITLE OF CONTINUE A	THE P	#	111-1-1100	Jane >	nd)		age. LICENSE NU	MBER 05		
20 NAME AND ADDRESS OF PERSON WHY COMPLETED CAUSE OF DEATH (ITEM 27) (Types, Print)	F F 6 E	2	the state of the s	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)				
31. DATE FILED (Month, Day, Shar) / 32. REQUSTRAN LAUGHATURE 30. # AVE		1	MAR 13 90	Julia Daure	doon-Pandal	2				
THE THE TOTAL CONTRACTOR OF TH			MAR 13'90C	gula Davi	goog-Marketo	75				

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)	,			2. DATE OF DEA	тн		3. TIME OF DEATH		
THEODORE K. M	ILLER	2.5		MONTH	10 -	90	1145,00		
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs	. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н		IPLACE (State or Foreign		
070-14-7784 113 2□ 5 88	YRS. MO	THE DAYS	HOURE MIN.	(Month, Day, Y 12–10–		Count	wa		
9a. FACILITY NAME (If not institution, give street and number)	9b.	. CITY, TOWN (OR LOCATION OF DE			OUNTY OF D			
Frederick County Health Cente	r	Frede	erick		F	reder	ick		
10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCA	TION				10d. INSIDE CITY		
Maryland Carroll County		estmins					LIMITS? 1 XYES 2 NO		
10e. STREET AND NUMBER		10	. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?		
30 Locust Street			21157		U	.S.A.			
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S			ENDENT OF HISPAN			14. RACI	E — American Indian,		
1 Naver Married 2 Married FORCES? 1 YES 2 3 Widowed 4 N Divorced IF YES, GIVE WAR OR DATES	ΣΊνο	1 Tyes, sp	ecify Cuban, Maxical 2 X NO Specify		(c.)	Spec	white, etc. White		
15. DECEDENT'S EDUCATION 18a	DECEDENT'S USL	JAL OCCUPATION	ON	18b. KIND (OF BUSINESS/				
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NQT use re-	done during mo tired.)	est of working						
4	Histor	cical (Cartograp	her	Cartog	raphy			
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI		Malden Surname)			
Henry Martin Miller			Ellen	Submi	ttie S	peraw			
19a. INFORMANT'S NAME (Type/Print)	1111		and Number or Rural F				1		
Theodore R. Miller, Jr.			ge Lane S						
1 ☐ Buriel 2 V Cremation 3 ☐ Removal from State oth	arroll (ons	2	ec. LOCATION Hamp	— chy or To stead			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	arrorr (22. NAME A	ND ADDRESS OF FA						
Brian L. Aiu 4 Haight Funeral Home P.O. Box 195 Sykesville, MD 21784 (301)-795-1400									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
shock, or heart failure. List only one cause on secti	line.		,,		, , , , , , , , , , , , , , , , , , , ,	,	Interval Between		
disease or condition resulting in deeth) a. Out TO (OR AS A CO)	respiro	toy	Any	>			Onset and Death		
OUE TO (OR AS A CO	NSEOUENCE OF):	0,							
Sequentially list conditions, b. Due 70 (order a con	~ Les	m y	ligne						
If any, leeding to immediate	NSEOUENCE OF):	0							
cause. Enter UNDERLYING CAUSE (Disease or injury	10E011E110E 0E	<u>-</u>							
that initiated events OUE TO (OR AS A COI	ASECUENCE OF):								
d									
PART II. Other aignificant conditions contributing to deeth but n	ot resulting in t	hs underlyin	g cause given in	Part I. 24a. V	WAS AN AUTOPS	SY 241	. WERE AUTOPSY FINDINGS		
Chini this Fibrial				P	ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
				1 🗆	YES 2 NO		OF DEATH?		
Lurinay Troot hef	estin	-					1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	100	28. P	LACE OF DEATH (Ch	eck only one)					
1 YES 2 NO 1 Inpetiant 2 ER/Outpeties	1 3 DOA 4		ne 5 🗆 Rasidenca	8 Other (Speci	ffy)				
27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		JURY AT ORK?	28d. DEŞCRIBE	HOW INJURY	OCCUREO			
1 Netural 5 Pending 2 Accident Investigation			YES 2 NO						
3 Suicide 8 Could not be 4 Homicide determined	At home, ferm, stree	et, factory, offi	a	28f. LOCATION City or Town	(Street and Num , State)	ber or Rural	Route Number,		
29a. CERTIFIER	<u>.</u>								
CERTIFYING PHYSICIAN: To the best of my knowledge							a) and manner se stated		
	varigativiti, I	openoni,							
29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI		29d. (D (Month, Day, Year)		
Vanda n. D-18191 > 3-14-90									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) The forms from & Technical . Mp, 21701									
31. DATE FILED (Month Parties) 4 900 32. REGISTRAS SCHEMENTS	William Thom	della		/	,		, , -, , ,		
MAK I J JU	and the same								

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

90 10014

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	O.		
\neg	1. DECEDENT'S NAME (First, Middle, Last)	4				2. DATE OF DEATH		3. TIME OF SEATH	
	ESTELLE	M.	millE	R		MONTH	DAY O	PAR 10 M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	Con Con	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Mgnth, Day, Ypar)		BIRTHPLACE (State or Foreign Country)	
	218-12-4327	1 🗆 M 2 🗸 F	YAS.	ONTHS DAYS	HOURS MIN.	4/12/0	/	Country	
	9e. FACILITY NAME (If not institution, give a	street and number)	11 9	b. CITY, TOWN OR	LOCATION OF DE	ATH /	9c. COUNTY	OF DEATH	
8	CARROll COO	GEN!	NOSP. V	Vestin	inster	E Md	CAR	Roll	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	,	1 45 45		1100	to a set of	40		
#	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCATIO	IN WEST	MINSYE	R, MId	10d. INSIDE CITY LIMITS?	
	10e, STREET AND NUMBER	ROIL	00	WHR	D F	TUE	Tan arriver	1 FES 2 NO	
R	The state of the s	0.15		101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	22 WARD	12. WAS DECEDENT EVER	DINITIO ADMEN	12 WHE DECE	A I D	IC ORIGIN? (Specify)	to as No. 44	RACE — American Indian.	
교	1 Never Married 2 Merried	FORCES? 1 YE	S 2 NO	If yes, spec	offy Cubah, Mexican	n, Puerto Rican, etc.)	48 OF NO- 14.	Black, White, ato	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2	NO Specify	•		Specify: W	
G	15. DECEDENT'S EDU		16a. DECEDENT'S U	SUAL OCCUPATION	١ , ,	16b, KIND OF B	USINESS/INDUS	TRY	
	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille, Do NOT use	rk done during most retired.)	of working	1,,,,		/	
립	874 GRADE		SABE	5 Chi	ERK	Hochs	CHLD.	KONN	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Melde	n Surname)		
BE									
10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and	d Number or Rural F	Route Number, City or To	own, State, Zip Co	de)	
۴	CHACLES E.M.	LLER	HTA	FT 16	PRRACE	Sylesun	16,40	21754	
- 18	20s. METHOD OF DISPOSITION 1 Buriet 2 Cremation 3 Rem	novat from State	20b. PLACE OF DISPOSIT	ION (Name of came	etery, cremetory or	20c. I	OCATION — City		
	4 Donatton 5 Other (Specify)			UDOOK 4		releay U	1000L	AWN	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND	ADDRESS OF FAC	CILITY			
	Havy W.	Haight		Unghi	TEH. E	Box 195_	SUKESUI	LLE, MP.21784	
	23. PART i. Enter the disesees, or	complications that cour	sed the deeth. Do no	t enter the mod	of dying, suci	h ss cardiec or res	piratory erres	t, Approximate	
	immediate cause (Final	Liet only one cause or	each line.	/ /	1) //	1 1	[,]	Interval Between Onset end Death	
	disease or condition resulting in death)	Athero:	Selevol	0016	GONENIA	1 Hed al	c/bypa.	a l	
	resulting in death)	DUE TO (OR A	S A CONSEQUENCE OF)			S CLUB OF	-		
z	Securation like and distance b.								
TIC	Sequentially list conditions, If any, leading to immediate								
2	CAUSE (Disease or injury	C							
F	that initiated events resulting in death) LAST	DUE 10 (OH A	S A CONSEQUENCE OF):					į.	
CERTIFICATION		d							
N.	PART II. Other significent condition	ns contributing to deet	h but not resulting in	the underlying	cause given in		AN AUTOPSY ORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DICAL						1 _ YES		COMPLETION OF CAUSE OF DEATH?	
AEC						_ _		1 YES 2 NO	
ä									
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
SIC	1 YES 2 NO	HOSPITAL:		OTHER: Nursing Home	5 Residence	6 Other (Specify)			
Ě	27. MANNER OF DEATH	26a. DATE OF INJUI (Month, Day, Yea		OF 28c, INJU		26d. DESCRIBE HO	V INJURY OCCU	RED	
ВУ	1 Natural 5 Pending Investigation	11	#		ES 2 NO			W. I	
ED B	3 Suicide 6 Could not be	28e. PLACE OF INJU- building, etc. (S	URY — At home, farm, str	reet, factory, office		281. LOCATION (Stre City or Town, Ste		Rural Route Number,	
TE	4 Homicide determined		N	//4-			,		
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my kr	nowledge, death occurred	at the time, date	end place, end due	to the cause(s) end r	nenner ee atated	i .	
WC		ER: On the besider examin	stion and/or investigation	, in my opinion, de	ath occured at the	time, date and place,	end due to the	ceuse(s) end menner as stated.	
	296. SIGNATURE AND STILE OF CENTIFY	m/ <	$\leq \forall$	6	28c, LICENSE NUE	MBCR	29d, DATE S	UGNED (Month, Dec Year)	
BE (Outrik H	Shule	mi	_]	0598	5	1	May 90	
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	-		-	//	
		//	, in						
	31. DATE FILED (Month, Pay Your)	32. REGISTRAR'AS	HONDURE HONDER				1		
	MAK 12.30	7							

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ne law	has	n 23
W: T	State	The The
SICIA	certi	d, G
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nouns after death, Page 6 may be retained by the hospital	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he find within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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CENT 31. DATE FILED (Month, Day, Year)
MAR 1 2 '90

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			GIENE G. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Lewis. R. P	HERS		ERS		2. DATE OF DE MONTH	ATN DAY	YEAR	TIME OF DEATH P				
	4. SOCIAL SECURITY NUMBER 217-36-4882 98. FACILITY NAME (If not institution, give si	1)X M 2 □ F	BYRS.	F UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIF (Month, Day,	16ar) 1	BIRTHPLA Country) MARYL					
TOR	010 00 11 0		HOSPITAL	And the second	minster			RELL					
DIRECTOR	10a. STATE 10b. COUNTY CAR	ROLL.		TOWN OR LOCAT		nd			I. INSIDE CITY LIMITS? YES 2 NO				
FUNERAL	3000 UN ion tou			101	21157			EN OF WHAT	COUNTRY?				
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF NISPAN ecify Cuban, Mexicar 2 NO Specify	n, Puerto Rican,	cify Yea or No— 1 atc.)	Black, Wit Specify:	American Indian, hite, atc. HITE				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	ilfe. Do NOT use	ork done during mo retired.)	ON st of working	16b. KIND	OF BUSINESS/INDU	STRY					
MP	12		FARM	1ER			DAIRY						
	17. FATNER'S NAME (First, Middle, Linst) MARSHALL ABRA	UAM MVEDC			18. MOTNER'S NAI								
BE	19a. INFORMANT'S NAME (Type/Print)	HAPI PILEKS	19h MAILING	INDRESS (Street a		SIE WOL		Porte)					
은	DOROTHY I. MYERS					19b. MAILING ADDRESS (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 3000 UNIONTOWN RD. WESTMINSTER, MD 21157							
	20a_METNOD OF DISPOSITION 1	oval from State	b. PLACE OF DISPOSITION OTHER PROCESS	TION (Name of cer	netery, crematory or		20c. LOCATION — CI	Ity or Town,	State				
	21. SIGNATURE OF FUNERAL SERVICE LIC		ler	22. NAME AN	WINDSOR,	ע, נ). HARTZL						
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between												
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. METAS	TATIC (A CONSEQUENCE OF)	CARCII	NomA	OF PI	ROSTANE		Onset and Death				
ATION	Sequentially flat conditions, if any, leading to immediate cause, Enter UNDERLYING	bDUE TO (OR AS	A CONSEQUENCE OF)	:									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. RENAL FAILURE 1 YES 2 JUNO						AMA COI OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO					
ž													
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (Che	eck only one)							
IYS	1 YES 2 NO	1 Thpatient 2 ER/Out			e 5 🗆 Residence				12-2				
ВУ РЬ	27. MANNER OF DEATH 1												
ETED	3 Suicide 8 Could not be determined	building, etc. (Spe	ecify)			City or Tow			i ivalinoor,				
COMPLET	200	CIAN: To the best of my know R: On the basis of examination							d manner as stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year DO 1663 3/9/90												
P	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF O	FATH STEM 25 Ame	Print)									

WHO COMPLETED CAUSE OF DEATH (ITEM 20 Appe, Print)

FIOCO TR

32. REGISTRAR'S SIGNATURE

JAN DAVIDSON—Randelle

WESTMINSTER, MD 71157

Weight of the second of the se

N. Lot Bear agents and Landard Store
Value Lots and received the

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OIAIL OI III	CE		ICATE				MENTAL					
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH	44	VEAR	3. TIME OF D	HTA
	VERONICA	AUDREY	MAN	NING	ř				MARC				7:45	Р.м
- 8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE O		,		PLACE (State of	Foreign
TO BE COMPLETED BY FUNERAL DIRECTOR	265-48-1412	1 🗆 M 2 🔀 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.			1900			TTS
	9a. FACILITY NAME (If not institution, give s	street and number)			96. CITY,	TOWN C	R LOCATIO	ON OF DE		,	REG. NO. F DEATH DAY [11, 1990	<u> </u>		
TOR	ST. MARY'S NURS	SING CENTE	ER		I	LEON	IARDT	OWN			S:	Г. МА	RY'S	
E C	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OF	R LOCAT	ION						10d. INSIDE C	ITY
5	MARYLAND ST	. MARY'S		т	EONA	RDTO	NWC						1 YES 2	NO K
	10e. STREET AND NUMBER						ZIP CODE				10g. CIT	TIZEN OF V	WHAT COUNTRY	7
ER	RT. #3, 217 LAK	EVIEW DRIV	JE				206	550				11.9	S.A.	
5	11. MARITAL STATUS	12, WAS DECEOENT	EVER IN U.S. ARI				ENDENT O	F HISPAN			e or No-	14. RACE	E — American I	ndlen,
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WA	YES 2 XN	0			2 XNO			ican, atc.)		Spec	k, White, atc.	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DE	CEDENT'S	USUAL OC	CUPATIO)N	_	16b,	KIND OF BU	SINESS/IN			
E	Elementary/Secondery (0-12)	College (1-4 pr 5 +)	f/fm	Do NOT u	work done di se retired.)	uring mo	st of workin	g						
P	10			HON	1EMAK	ER								
Ö	17. FATNER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, N	liddle, Malden	Sumame)			
	UNKNOWN	KELL	Y					UNKI	NOWN					
	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street e	nd Number	or Rural F	Route Numb	er, City or Tow	vn, State, Z	ip Code)		-
F	RAYMOND D. MANNII	NG.	I	RT. #	13, 2	17 1	LAKEV	/IEW	DRIV	E, LE	ONAR	DTOW	N, MD.	20650
	20a. METHOD OF DISPOSITION 1 Duriel 2 CCremation 3 Rem	oval from State	20b. PLACE other pla		SITION (Nerr	ne of cen	netary, crem	natory or		20c. LC	CATION -	- City or To	own, State	
	4 Donetion 5 Other (Specify)		HUN	ITT (CREMA'					WA	LDOR	F, M	ARYLAND)
	21. SIGNATURE OF FUHERAL SERVICE OF	CENTRE	P //	6.			FTELL			. номв	2			
	Comarin 2	mns	1									MD.	20650	
	23. PART i. Enter the disasses, or ahock, or haart failure.	complications thet	chused the de	eth. Do	not enter t	the mo	de of dyi	ng, suc	h ea card	lac or resp	iratory a	rreat,	Approx	
	IMMEDIATE CAUSE (Finel	List Only Obercaus	on each line.					2				2		Between and Death
	disease or condition resulting in death)	a flow	te		0	1	eli	70	20	su	elle	(1)	seco	Enf
		DUE TO	OR AS A CONSEC	NENCE O	FJ:								0	
No	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	OUE 10 (OR AS A CONSEC	VUENCE O	+):								j	
FIC	CAUSE (Disease or Injury that initiated events	c	OR AS A CONSEC	DUENCE O	F):									
E	reaulting in death) LAST	a												
CE		6.		-										
MEDICAL	PART II. Other aignificant condition	na contributing to	death but not n	esuiting	in the und	derlyin	g causa g	given in	Part I.			246	AMILABLE PRI	OR TO
Did										1 TYES	2/NO		OF DEATH?	OF CAUSE
													1 YES 2	NO
Z														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF O	EATN (Ch	eck only on	9)				
IYS	1 YES 2 LINO 27. MANNER OF DEATN	1 □ Inpatient 2 □				ing Nom		sidence	8 D Othe					
	1 Netural 5 Pending	(Month, Da		26b. TIN	JURY		RK?	- NO	28d. DES	CRIBE NOW	INJURY O	CCURED		
BY	2 Accident investigation 3 Suicide a Could set be	28e. PLACE OF	INJURY — At ho	me ferm] NO	285 LOC	LTION (Street	and Numb	as or Pural	Boute Number	
COMPLETED	4 Homicide 6 Could not be determined	building,	etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	ativat, igoto	ary, onto			City	or Town, State)	or or riorar.	rioute number,	
3	290. CERTIFIER Check only	ICIAN: To the best of	my knowledge, de	ath occur	red at the tir	ma, data	end place	, end due	to the cau	se(a) end me	nner ee st	ated.		
MO	anal Garage	ER: On the basis of ex	amination end/or i	investigati	on, in my op	pinion, d	leath occur	red at the	time, date	and place, a	nd due to	the cause(e) and manner i	s stated.
	29b. SQUANTURE MAD TITLE OF CERTIFIE	1	A				29c. LICI	ENSE NUR	WBER		29d. DA	TE SIGNE	(Month, Day, Ye	var)
BE	Jan	-	NIK	_			172	5	7.3/	5	•	5/	12/9	
임	30. NAME AND ADDRESS OF PERSON W											/	716	/
	DAVID C. ALLEN	, M.D.,	LEONARI	DTOW	N, MA	RYL.	AND 2	2065	0			/	(
	DAVID C. ALLEN 31. DATE FILED (Month, Day, Year) MAR 1 4 '90	32. REGISTRAI	S SIGNATURE	2 0	2_									
	MAR 1 4 '90	Julia 1	laurdson-M	urkano										



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shc		IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
y be	age		pe
E	or, p		ust
9 9	rect		E
E	al d		mei
eath	funer		жэш
p Je	the	Mal	9
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that	d ba	th ar	any
iires	sign	Heal	WS
requ	eeu	0	sho
MP	as b	Dept.	23
The	ate h	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mel
JAN:	rific	Je Si	07
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F	it it	W C	ark
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SPIT	VER/	hin 7	Ë
2	3	WIL	TA
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2	2	pe	Ξ

								9	U	10017
	•	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND N OF DEATH	MENTAL HYGIEN REG. NO.	E		
		1 DECFDENT'S NAME (First, Middle, Last) Tilson John Mc	Collor				2. DATE OF DEATH 03-18-90	N AE		ME OF DEATH
A		The state of the s		7 YRS.	MONTHS DA	AR IF UNDER 24 HRS. LYS HOURS MIN.	7. DATE OF SIRTH	2 Ma	OUNTRY)	E (State or Foreign
	OR	98. FACILITY NAME (If not institution, gives street Anne Arundel M		nter	Annap	OOLIS	АТН	Anne		ndel
	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE GA SCIENT	ven		Sylvan					INSIDE CITY LIMITS? YES Z NO
	FUNERAL	100. STREET AND NUMBER 204 South Pa	arkway Dri	ive		101. ZIP CODE 30467		10g. CITIZEN USA		COUNTRY?
	ĭ B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yo	BECENDENT OF HISPAN s, specify Cuban, Mexical YES MO Specify	n, Puarto Rican, etc.)	or No— 14.	Black, Whi Specify:	merican Indian, ita, atc. Vhite
	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted) College (1-4 or 5 +)	(Give kind o	rs usual occu of work done during use retired.)	PATION g most of working	166. KIND OF BU		RY	
1 at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) Jack Mc Coll	lor			18. MOTHER'S NA EVa I	ME (First, Middle, Maiden	Surname)		
notifie	TO B	John Mc Collor				circle,			•) 1012	2
must be		20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)	el from State	PLACE OF DISP ether place) 3 inghar	n Vill	of cemetery, crematory or age Cemet	ery Bi		, Ma	tota Line
examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE LICES	melle			desty Fur Ridgely <i>F</i>				. MD
ent, the medical		23. PART I. Enter the diseases, or co shock, or heart failure. LI IMMEDIATE CAUSE (Finel disease or condition resulting in death) e.	mplications that cause st only one ceuse on a	ech line.		e mode of dying, eucl	h ae cardiac or resp	ratory errest		Approximata Interval Between Onset and Death
other traumatic event, the medical	CERTIFICATION	Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A							
lury, or	CER	d.								
shows any inju	MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO								
23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PLACE OF DEATH (Ch	eck only one)			
or Item	YSIC	1 TYES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out			Home 5 🗆 Realdenca				
marked,	ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)		INJURY M 1	c. INJURY AT WORK? I YES 2 NO	28d. DEŞCRIBE HOW			
28 Is	ETED	3 Suicide S Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spe	f — At home, ferr	n, atreet, factory,	, office	28f. LOCATION (Street City or Town, State)		Rural Floute	Number,
NT: It item	COMPLE	one)	IAN: To the best of my know : On the basis of examination						use(e) and	menner as stated.
IMPORTANT:	O BE C	BANATURE AND TITLE OF CERTIFIER	las	w).	D26	743	29d. DATE SI	MONE MON	oth, pay, Year)
		30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF DE	FATH (ITEM 27) (I	me Driet				1	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, MAR 20 1990 Julia Davidson-Rondola

DHMH-16 Rev 1/89

after death. Page 6 may be retained by the hospi	y the funeral director, page 5 should be detached noval.	cal examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the find within 70 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this the fled within 79 hours after death with	IMPORTANT: If Item 28 is market	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	011112 01 111111112	CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	10000016				2. DATE OF DEATH	AY)	3. TIME OF DEATH	
	Stephen 1					03-18		0500	
			In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	BIRTHPLACE (State or Foreign Country)	
	000 200 0071	1 × M 2 □ F	O YRS.			10-07-0		Minnesota	
_	9a. FACILITY NAME (If not institution, give stre	et and number)			OR LOCATION OF DE	EATH		Y OF DEATH	
6	Anne Arundel Me	dical Cent	er	Anı	napolis		Ann	e Arundel	
<u>입</u>	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
뚬	Maryland Ann	e Arundel		Annapo:	lis			1 YES 2 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER	O JET KITCOL			I. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
	1509 Circle Dr.	ive			2140	01	U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED			IIC ORIGIN? (Specify Ye	s or No- 14	4. RACE — American Indian, Black, While, alc.	
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES			S 2 2 NO Specify	n, Puarto Rican, atc.)		Specify: White	
	15. DECEDENT'S EDUCA	ITION	18e. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUS		
<u>.</u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	work done during m se retired.)	ost of working				
립		5 +	Lib	rarian		Corne	iversity		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden			
BEC	Stephen J. McC	arthy			Mary	Agnes Gr	aham		
TO B	19a. INFORMANT'S NAME (Type/Print)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Route Number, City or Tox			
F	Louise Mehta		5 M	idvale	Road,	Baltimor	re, MD 21210		
	20a. METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 Remove	val from State	o. PLACE OF DISPO: other place)	SITION (Name of ce	emetery, crematory or			ty or Town, Stata	
	4 Donation 5 Other (Specify)	0	#illcr	est Ce			nnapo	lis, MD	
	21. SIGNATURE OF FUNEAUL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401								
	Voper >	1. Jan	llor			ster St.			
	23. PART i. Enter the disesses, or co	inplications that course	the death. Do	not enter the m	ode of dying, suc	h as cardiac or reap	iratory arres		
	iMMEDIATE CAUSE (Finsi	ahock, or heart failure. List only one cause on each line. iMMEDIATE CAUSE (Fins) interval Between Onset and Death							
	disease or condition resulting in desth)	Progr	esseve	104/0	relove	factors		1 anis	
	DUE TO (QM AS A CONSEQUENCE OF):								
Z	Sequentially list conditions,								
Ĕ	if any, leading to immediate cause. Enter UNDERLYING								
	CAUSE (Disease or Injury								
CERTIFICATION	that initisted events resulting in death) LAST								
CE				·					
AL	PART il. Other aignificant conditions	contributing to death b	out not resulting	in the underlying	ng cause given in		RMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO	
MEDICAL						1 _ YES	2 NO	COMPLETION OF CAUS OF DEATH?	
						_	*	1 TYES 2 NO	
ÿ									
2		HOSPITAL:		OTHER:	PLACE OF DEATH (C)				
PHYSICIAN:	1 TYES 2 NO	1 Sepatient 2 ER/Out	patient 3 DOA 28b. Till		me 5 - Residence	6 Other (Specify) 28d. DESCRIBE HOW	INTILIBA UVO	IBED	
	1 Natural 5 Pending	(Month, Day, Year)	Zab. IN	JURY W	ORK? YES 2 NO	200, DESCRIBE HOW	INJUNE OCCU	rn. v	
B	2 Accident Investigation	28e, PLACE OF INJHER	Y — At home farm			28f, LOCATION (Street	and Number o	r Rural Route Number	
	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29th LOCATION (Street and Number or Rural Route Number, City or Town, State)								
LET	29a. CERTIFIER 1 CERTIFYING PHYSIC	SIAN: To the best of my know	riedge, death occur	red at the time day	a and place and dur	to the cause(s) and m	nner as state	d.	
COMPL	(Creck Only							cause(a) and manner as stated	
	296. SIGNATURE AND TITLE OF CERTIFIER								
BE	11/1/2 / 1/20						12 PC		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Top	e, Print)	11/		1 3/	10119	
	SDAULD K	RIMINS,	RI.	25	THEW ST	2 Aax	A., O	1074 (1901	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE						

transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				YGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATN		3. T	IME OF DEATH
	Charles	.T.	Maddox			монтн 3	16		AR O	LO:00 A M
			In yrs. last birthday) IF U	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I			SIRTHPLAC	E (State or Foreign
	220 54 0785	1 1 3 t M 2 □ F 48	YRS. MON	THS DAYS	HOURS MIN.	7_21	/, 10ai/		MD	
	9a. FACILITY NAME (If not institution, give street	et and number)	9b.	CITY, TOWN O	R LOCATION OF DE	ATH	41	9c. COUNTY		
DIRECTOR	Howard County Gene	ral Hospita		Col	umbia			Н	oward	d
Ä	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION				10d.	INSIDE CITY LIMITS?
	MD Howar	d	E11	licott	City				1 [YES 21 NO
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE			log. CITIZEN	OF WHAT	COUNTRY?
5 3043 Oak Green Circle 21043 USA							Α			
5		12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPAN			No- 14.	RACE - A Black, Whi	merican Indian, Ita. atc.
ВУ	1 X Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify		ii, ato.,		Specify:	7
	15. DECEDENT'S EDUCA	TION	18a. DECEDENT'S USU/	AL COCUPATIO	A.	405 1/16	IO OF BUILDIN	ESS/INOUST	Whit	e
	(Specify only highast grade co	ompleted)	(Give kind of work of life. Do NOT use reti	done during mos red.)	st of working	IOD. KIT	O OF BUSIN	ESS/INOUST	нт	
급	Elementary/Secondery (0-12)	College (1-4 or 5+)	Clerk							
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		Clerk		18. MOTNER'S NA	ME (First, Midd	le, Maiden Su	mame)		
Ö	Charles J. Maddox	Sr.			Emma R			,		
BE	19e. INFORMANT'S NAME (Type/Print)	72.0	19b. MAILING ADD	RESS (Street a	nd Number or Rural F			Stete, Zip Coa	le)	
2	Emma R. Maddox		3043 0	ak Gre	en Circ	10 F11	icott	City	MD	210/2
	20a. METHOD OF DISPOSITION	201	. PLACE OF DISPOSITIO			е шп	20c. LOCA	TION — City	or Town, S	Stata
	1 Burial 2 Cremation 3 Remov	al trom State	other place)	Crema	atory		Ca	tonsvi	i11e	MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	D ADORESS OF FA					
	Harry 7, 1	1. tota		Harry	H Witzke	Fune	ral H	ome		m 010/0
	23. PART I. Entar tha disaases, or co		the death. Do not e	4112 (Columbia	Pike	Ellica or manica	ott Ci	ty, M	D 21043 Approximate
	ahock, of heart failure. Li	st only one cause on e	ach ilna.		ac or dying, sac	ii uo oai diad	or reapire	tory arrost,		intarval Between Oneet end Deeth
	iMMEDIATE CAUSE (Final disease or condition	2001		03:		Di				Offeet end Deeth
	reaulting in death) a.		sclerotic consequence of:	Carai	ovascula	r Dise	ease		-	
-		,	an water the same and						Ì	
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
CAI	ceuaa. Enter UNDERLYING CAUSE (Diseese or injury									
Ē	thet initieted events	OUE TO (OR AS A	CONSEQUENCE OF):							
띪	reaulting in daath) LAST									
	PART ii. Other aignificant conditions	contributing to death t	out not resulting in th	e undarivino	causa givan in	Part i. 24	a. WAS AN AL	JTOPSY	24b. WEF	RE AUTOPSY FINOINGS
CAL	Diabetes Mellit						PERFORM	ED?	AWAI	ILABLE PRIOR TO APLETION OF CAUSE
MEDIC						P	YES 2	NO		DEATH?
Σ						-			1 []	XYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28 PI	ACE OF DEATH (Ch	ack anty ane)		i		
i i	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 STER/Out		HER:						
¥	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIME OF		e 5 ☐ Realdence URY AT			URY OCCUR	ED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY		RK? (ES 2 NO					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, farm, atreet	t, factory, offic		28t. LOCATIO	ON (Street and	d Number or F	Rural Route	Number,
	4 Nomicide detarmined	building, etc. (Spec	cify)			City or T	own, State)			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PNYSIC	IAN: To the best of my know	dedoe death occurred at	the time date	and place, and due	to the course	a) and mann	or on stated		
₽.	Corrock Orny	On the basis of examination							use(x) and	manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	7/1	N-April 0.11T-227011		29c. LICENSE NUE	- 1-53-5 111-1 155		X1111/1/10/10/10/10		
BE	1. 1012	H mo			OCME	-		▶ 3	/17/	90 (100 (100)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) /Now Print	0						
	Frank J. Peretti,	M.D.	111 Pe	nn St.		Balt	imore	e, Md.	212	01
	31. DATE FILED (Month, Day, Year) 0 '9(32. REGISTRARE SIGN	Devidson-Rang	dell.						

Į.	atte	Se	
On the latest of	be relimination of after	age 5 uhr comment age 8	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be released to the law requires that the death certificate be executed within 24 hours after death. Page 6 may be released to the law requires that the death can be released to the law requires that the law requires the law requires the law requires that the law requires the law r	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 models and the completely filled in by the funeral director, page 5 models	be filed within 22 hours after death with the State begit of health and Mental Hydlene prior to burial, cernation, or
	2	2	oe .

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1	1. DECEDENT'S NAME (Elist, Middle, Last) . 2. DATE OF DEATH MONTH DAY, YEAR 3. TIME							IME OF DEATH	P	
	CATHER		ACALUS	0				0 3	3:48	М
	4. SOCIAL SECURITY NUMBER 0.75-07-3616 98. FACILITY NAME (If not institution, give		79 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Office the Control of			E (State or Forei	gn
OR	9a. FACILITY NAME (If not institution, give Stella Maris Ho	street and number) Spice		9b. CITY, TOWN O	n Location of DE	ATH	9c. COUNTY Balt	of DEATH	2	
5	RESIDENCE OF DECEDENT	~	10.077	TOWN OR LOCAT				1		=
DIRECTOR					ION				INSIDE CITY LIMITS? YES 2 X N	ا ،
20/0012									-	
FUNERAL	13517 Orion Dr				21036			SA		- 1
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES				IIC ORIGIN? (Specify Ye	a or No — 14	RACE - A	merican Indian, Ita, etc.	\neg
BY F	1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			ZXXNO Specify	n, Puerto Rican, etc.)		Specify:	White	
ED E	15. DECEDENT'S EDI	ICATION	16a. DECEDENT'S 1	ISHAL OCCUPATION	ON .	16b. KIND OF BU	ISINESS/INDIES	TOV	wiite	\dashv
L III	(Specify only highest grad Elementary/Secondary (0-12)	completed) Cotlega (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during mo retired.)	st of working	100, 1010 01 00	3111E33/111303			
É			Factory	Worker		Paper	Mill			
EcoM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malder	Surname)			
温	Stephen MacAluso				Sarah (
0	19a. INFORMANT'S NAME (Type/Print) Doff Fleshman					Route Number, City or Too		ode)		
	200. METHOD OF DISPOSITION	201	. PLACE OF DISPOS			n MD 21036	OCATION — CIT	or Town S	Itala	-
	1 XBurial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from Stata	other piece)			ery E1				
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME AI	ND ADDRESS OF FA	CILITY		Orcy	TID	
	Harry H Witzke Funeral Home 4112 Columbia Pike Ellicott City MD 21043							3		
23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, of heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. OUE TO (OR AS A CONSEQUENCE OF):						t,	Approximate interval Bet Onset and I	ween		
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF							
MEDICAL (PART II. Other significant condition	ns contributing to death t	out not resulting l	n the underlyin	g ceuse given in		RMED?	CON OF I	E AUTOPSY FINE LABLE PRIOR TO IPLETION OF CAI DEATH? YES 2 NO	USE
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (Ch					
PHYS	1 TYES 2 NO	1 Inputient 2 ER/Out	petient 3 DOA 26b. TIMI		ie 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HOW	Hospic	e		
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	PAK?	200. DESCRIBE NOW	INJUNI OCCU	MED		
2 Accident Investigation 3 Suicide e Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Numb. City or Fourn. State)								Rural Route	Number,	
COMPLETE	ene)	SICIAN: To the best of my know							i manner aa ste	ted.
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI				nth, Day, Year)	
BE	Carla A	alexan	devel)	D 270			-16-		
2	30. NAME AND ADDRESS OF PERSON W									
	Carla S. Alexar	nder, M.DSt	ella Mar	is Hospi	ce-Dular	ey Valley	RdTo	owson	, MD 2	L204
	31. DATE FILED (Month, Day, Year)	32. REGISTRARIS SIGI	Navidnon-R							

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1		STATE REGISTRA
Г.	- D	ECEDENT'S N

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.			
	1. pecepent's name (Fist, Middle, Last) James THOMAS FRAN	CIS M	cNey			2. DATE OF DEATH	1	996	3. TIME OF DEA	Р м
¥,	578-01-5522	X M 2 🗆 F 81	In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year FEB. 18.	1909	Count	IPLACE (State or First)	
LOR	9a. FACILITY NAME (If not institution, give stree Physicians Memo		ital	96. CITY, TOWN C	r location of de ta	ATH		unty of D	EATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
	MARYLAND CHARLES NEWBURG 100. STREET AND NUMBER					10= 01	TITEN OF Y	1 TYES 2 X	NO	
FUNERAL	P.O. BOX 129		20664			USA				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify n, Puarto Rican, atc. 7:	Yes or No-	14. RACI	E — American Indi k, White, etc.	len,
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elamentary/Secondary (0-12) 12TH GRADE +	mpleted) College (1-4 or 5+)	18a. DECEDENT'S I (Give kind of w life. Do NOT use OWNERSHI	rork done during mo e retired.)	ON st of working		BUSINESS/IN			
OMI	17. FATHER'S NAME (First, Middle, Last)		UMNEKSHI	<u> </u>	16. MOTHER'S NA	AUTOMO ME (First, Middle, Ma		SALES		
BE C	EDWARD MATTHEW MC N	EY				ATILDA YO				
5	JACQUELYN MC NEY					Route Number, City or ARYLA				
	20a METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remova	I from State	. PLACE OF DISPOS other place)	ITION (Name of cer	netery, crematory or	200	LOCATION -	- City or To		
	21. SIGNATURE OF FUNERAL SERVICE UCEN		1MANUÉL C >>		ID ADDRESS OF FA	CILITY		FUNER	RAL HOME	
CERTIFICATION	23. PARTY. Enfor the diseases, or complications that could the death. Do not enter the mode of dying, such as cardisc or respiretory arrest, shock, or heart feliure. Liet only one couse on each line. Approximation of the mode of dying, such as cardisc or respiretory arrest, shock, or heart feliure. Liet only one couse on each line. Approximation of the mode of dying, such as cardisc or respiretory arrest, shock, or heart feliure. Liet only one couse on line. Approximation of the mode of dying, such as cardisc or respiretory arrest, shock, or heart feliure. Liet only one couse on several because of interval Be Onset and onset and onset and onset are such as a consequence of: Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of):						Between			
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Partitudes Securities Securities (Securities Securities Securities Securities Securities Securities Securities Securities (Securities Securities Securities Securities Securities Securities Securities (Securities Securities Securitie					AN AUTOPSY FORMED?	7 245	D. WERE AUTOPSY I AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)				
HYSI		Inpatient 2 ER/Outp	petient 3 DOA	4 - Nursing Horr	e 5 Residence	6 Other (Specify) 28d. DESCRIBE H	W IN ILIEN O	COURER		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJI	URY WO	YES 2 NO	200. DESCRIBE N	W INJURY O	CCORED		
	2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my know							a) and menner ea	stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI		29d. DA	TE SIGNED	(Month, Day, Year,)		
10	30. NAME AND ADDRESS OF PERSON WHO C	AURIUM COMPLETED CAUSE OF DE		Print)	DZ7	588	>	3/2	5/90	
	A Stephen Hansma	n,M.D. Per	mbrooke	Squar	e.#104	Waldorf	Md.	206	0.3	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE 10	60						

and the second second

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within minute after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR 1 - STATE REGISTRAR James 0	STATE OF MA		ARTMENT OF I		MENTAL HYGIEN REG. NO	_		
		_IVER /	LES			2. DATE OF DEATH	11998	3. TIME OF DEATH M	
	4. SOCIAL SECURITY NUMBER 5 7 8 - 18 - 76 9 3	5. SEX 1 M 2 F	AGE (In yrs. last birthda 72 YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-2-1917	Co	ATHPLACE (State or Foreign unity) Shington, DC	
200	9a. FACILITY NAME (If not Institution, give st SOUTH-ISRN RESIDENCE OF DECEDENT	reet and number)	Hospian	96. CITY, TOWN	INTO		PRIM.	CEGEORGES	
DINEC	10a. STATE 10b. COUNTY	arles	10c. (Waldorf	TION		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ENAL	100. STREET AND NUMBER B22 Idlewood Park				101, ZIP CODE 109, CITIZEN OF WHAT COUNTRY 20601 USA			F WHAT COUNTRY?	
מסג גמ	11. MARITAL STATUS 1 \(\times\) Never Married 2 \(\times\) Married 3 \(\times\) Widowed 4 \(\times\) Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \(\times\) YES 2 \(\times\) NO IF YES, GIVE WAR OR DATES			If yes, sp	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yae or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: White			pecify:	
רבובה	(Specify only highest grade completed) (Give kind life. Do NO			rs usual occupation work done during me fuse retired.) C Driver	DN ast of working	166. KIND OF BU	siness/industr		
DE COMP	17. FATHER'S NAME (First, Middle, Last) James I. Miles				18. MOTNER'S NAME (First, Middle, Maiden Surname) Annie Hyde				
2					ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Canton Rd., Hyattsville, Md. 20784				
	20e. METHOD OF DISPOSITION 1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		other place)	coln Ceme	tery	Bre	entwood.		
	21. SIGNATURE OF FUNERAL MANUEL U.S.	And	1	Hur	nd ADDRESS OF FAMILIES FOR FAMILIES OF FAM	al Home	f. Md.	20604-0156	
ahock, or hasnt fellure. List enty one cause on each line.						Approximate interval Between Onset and Death			
ייייייייייייייייייייייייייייייייייייייי	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
וווי יוובטוסטר	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? 1 YES 2 YNO 1 YES 2 YNO 1 YES 2 NO 1 YES 2 NO					COMPLETION OF CAUSE OF DEATH?			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DO	OTHER:	ne 5 Residence				
10	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	Year)	M 1	JURY AT DRK? YES -3 - ND	28d. DESCRIBE NOW	INJURY OCCURE		
רבובה	3 Suicide 6 Could not be detarmined	3 Suicide 6 Could not be 28e. PLACE DF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE DF INJURY — At home, farm, street, factory, office City or Tevrn, State)						ral Route Number,	
1	(Oneck only					to the cause(a) and ma time, data and place, as		se(a) and manner as stated.	
300	286. NICHATURE AND TITLE OF CURTIFIE	Ne			D23C	MBER 2	≥ 3	NED (Month, Pay, Year)	
	30. NAME AND ADDRESS OF PERSON WH								
	APR 02 90	32. REGISTRAR	Sugnature Davidson-Range	tell					

TO BE COMPLETED BY FUNERAL DIRECTOR

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may b	ir, page		st be
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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поекс	n and	to bur	umatic
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certifi	ding p	Hygien	r oth
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law re	as bee	Dept. c	23 \$
N: The	ficate	State	Hem
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NG PH	fter this	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marke
TEND	OR: A	ifter d	8 Is
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HOSE	FUNE	withir	TANT
TO THE	TO THE	be filed	IMPOF
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Last)				·	2. DATE OF DEATH	BAV V	3. TIME OF DEATH
Lewis Edw	in Morre	11			March	9,1996	10:30A.M
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
414-10-700ZA	GM 2 □ F	83 YRS.			12/17/0)6 B	ristol, TN
9a. FACILITY NAME (If not institution, give street	end number)	9		OR LOCATION OF DI	EATH	9c. COUNTY	
Memorial Hospital			Eas	ston		Tal	bot
10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION		-	10d. INSIDE CITY
Maryland Quee	en Anne's	S	tevens	sville			1 YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZER	OF WHAT COUNTRY?
111 Forest Gar				21666		U.S	
11. MARITAL STATUS 12 1 Never Merried 2X Married	P. WAS DECEDENT EVER IN FORCES? 1 YES	2 V NO			NIC ORIGIN? (Specify) in, Puerto Rican, etc.)	fea or No- 14	. RACE — American Indien, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES**	1 TYES	2 NO Specif	y:		Specify: White
15. DECEDENT'S EDUCAT (Specify only highest grade con	ION	16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF E	USINESS/INDUS	
	College (1-4 or 5+)	(Give kind of word life. Do NOT use r	k done during mo retired.)	ist of working			
11		Machine	Inspe	ector	Monro	e Cal	culating Co.
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mald	en Surname)	
Samuel Morrel	.1				ra Mauck		
19e. INFORMANT'S NAME (Type/Print)	1.1				Route Number, City or 1		
Flora Evelyn Mo		PLACE OF DISPOSIT				VENSVII	le, MD 21666
1 Buriel 2 X Cremetion 3 Remova	from State	other place)					
21. SIGNATUJE CHAVINERAL SERVICE LICEN		etro Cre	22 NAME A	NO ADDRESS OF FA	CILITY		ille, MD
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.		Tom	Helfenb	ein Fune		omes, PA
23. PART I. Enter the disesses, o con	nationalines that source	I the death Do not					MD 21619
shock, or heart fallers. Lis			e /	ras or aying, suc	n se cardiac Dr ras	spiratory stres	Interval Between
IMMEDIATE CAUSE (Finst disease or condition	Comment	14.0	Hoan	J 6	lur		Onset and Death
resulting in death) s	DUE TO (OR AS A	CONSEQUENCE/DF)	V xou	1 7-4			100093
	Myoca	ordered	1 2	well	w		2 weeks
Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	1-11		` 0 - 0	7	
CAUSE (Disesse or Injury	Corone	wy A	V COS	2 El	sease		years
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSTRUENCE OF	0				
d							
PART II. Other significant conditions of	contributing to death b	ut not resulting in	the underlyin	g csuse given in	Part I. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
						2 X NO	COMPLETION OF CAUSE OF DEATH?
1							1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. P	LACE OF DEATH (C	neck only one)		
43	XInpatient 2 □ ER/Outp	etient 3 DOA 4	☐ Nursing Hon		6 Other (Specify)		
27. MANNER OF DEATH 1 X Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, TIME (KA MG	JURY AT ORK?	28d. DESCRIBE HO	W INJURY OCCUI	RED
2 Accident Investigation	28e. PLACE OF INJURY	_ At home farm etc	" ' ' '	YES 2 NO	26f. LOCATION (Stre	at and Number or	Dural Doute Aliember
3 Suicide 6 Could not be determined	building, etc. (Spec	clfy)	set, motory, one		City or Town, Str		nural noble vulnos,
29e. CERTIFIER							
and and	N: To the best of my know						ceuse(a) and manner as stated.
290 BIGHATURE AND TITLE OF CERTIFIER	, /	-//	Δ	29s. LICENSE NU			
1/6 m 25/-	. La	ACL	1	D1531		▶ 3	9 90
38 AME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH (ITEM 27) (1)(1), P	right	דכנדט	~	-	
Thomas W Faur				el Cour	t, East	on. MD	21601
31. DATE FILED (MORP) ANY, Year 4 '90				-1 0001	-, Dance	, 11 E E E	2.001
MAK I 4 90	guha Da	vidson-Randa	الالم				

DIRECTOR
FUNERAL
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COMPLETED
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	1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	Russell			McCar	ter	March 25	,1990	4:00 P M
	000 10 0000		(In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTN (Month, Day, Year)	8. BIR	ITNPLACE (State or Foreign intry)
			70 yrs.			May 10, 1		lary1and
	9a. FACILITY NAME (If not institution, give stree	it and number)			N OR LOCATION OF D	EATN	9c. COUNTY OF	hester
DIRECTOR	01d Route 50			cam	bridge		DOLC	nester
REC.	10e. STATE 10b. COUNTY	STATE 10b. COUNTY			CATION			10d. INSIDE CITY
		<u> </u>			ge			1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER	d Route 5	0		101. ZIP CODE 21613			F WHAT COUNTRY?
N.		2. WAS DECEDENT EVER II		112 WAS		NIC ORIGIN? (Specify Yes		JS ACE — American Indian,
À	1 Never Married 2 Married 3 X X Widowed 4 Divorced 1 Never Married 2 Married 3 X X Widowed 4 Divorced 1 Never Married 2 Married 1 FORCES 7 1 X YES 2 N			If yes	, specify Cuban, Maxic YES 2XXNO Speci	en, Puerto Ricen, etc.)	BI	eck, White, atc.
3	15. DECEDENT'S EDUCAT (Specify only highest grade co.	FION (moleted)	tea. DECEDENT'S	B USUAL OCCUP	ATION	18b. KIND OF BUS	SINESS/INDUSTRY	,
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	ı	work done during use retired.)		Drivor		
N N	3 17. FATHER'S NAME (First, Middle, Last)		U C	rpent	er,Truck			
	Vernon Tyler	McCarte	r			ie Short	Surname)	
8	19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (Str	et and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
임	Bonnie Warfie	1d				bridge, N		
	20a. METNOD OF DISPOSITION 1 Buriel 2 X Tremetion 3 Remove	20t	other place)	SITION (Name o	cemetery, crematory or	20c. LO	CATION — City or	Town, Stata
	4 Donation 5 Other (Specify)				rematory		lisbur	_
	21. SIGNATURE OF FUNERAL SERVICE LICEN ** **Line **Line**********************************					ST. Cambr		Md. 21613
	23. PART I. Enter the diseases, or cor ahock, or heart fallure. Lie	mplications that couse	d the death. Do	not enter the	mode of dying, suc	ch aa cerdiac or reapi	ratory arreat,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Trytra	Aldor	AGun	l expense	umation	٨	Interval Between Onset and Death
		DUE TO OR AS	A CONSEQUENCE	OF):	C 10	0		
N O	Sequentially list conditions, b.	DUE TO (OR AS /	A CONSEQUENCE	Miles	Muc			
A	If any, leading to immediata cause. Enter UNDERLYING	Primp	nh S	GWA	was al	I have	Chica	
CERTIFICATION	that initiated events	DUE TO (OR AS /	A CONSEQUENCE O	OF):				
	resulting in death) LAST		379			4		
AL C	PART II. Other aignificant conditions	contributing to death b	out not reaulting	In the under	ying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
					· · ·	1 TYES 2	NO NO	COMPLETION OF CAUSE OF DEATH?
M					, . <u></u>			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			20	B. PLACE OF DEATH (C	hack only one)		
SIC	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:	Nome 5 Residence			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. Ti		INJURY AT WORK?	28d. DESCRIBE NOW I	NJURY OCCURED	
BY	1 Netural 5 Pending 2 Accident Investigation	[memor, berj, reary			YES 2 NO			
						28t. LOCATION (Street City or Town, State)		al Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CERTIFYING CERTIFT CERTIFYING CERTIFYING CERTIFYING CERTIFYING CERTIFYING CERTIFY							se(s) and manner as stated.
	286 SHONATURE AND TITLE OF CERTIFIER	711			29c. LICENSE NU		29d. DATE SIGN	
BE	VOL D	EMPLYT	Hu	Δ.	DIE	4785	125/	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAME OF DE	EATMYITEM 27) (7)	ns, Print)				
		1	-11	M				
	31. DATE PILEDWAR 279 90	22. REGISTRAP CHANGE	uthur-Manda	John .				



1		뿧	4	J
	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permits and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permits and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept. or Health and Mental Hydrene prior to burial, cremation, or removal.	IMPORTANT if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CERTIFIC	CATE O	F DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH		3. TIME OF DEATH
	Leon Roland Mo	rris, Sr.							4:40 A. M.
- 8	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	RTH /	6. BIRTH	IPLACE (State or Foreign
	217-34-2311	1 🔀 M 2 🗆 F	48 YRS.	- A DEPT - DEPT				Mar	yland
	9e. FACILITY NAME (If not institution, give str								
DIRECTOR	PENINSULA GENERAL	HOSPITAL		SAL	ISBURY, M	ARYLAND		WICO	MICO
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		100 CITY	TOWN OR LOC	ATION				404 INDIDE CITY
E									LIMITS?
		omico	Dein						1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER Walnut Street								VNAT COUNTRY?
Z	11, MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS D		IIC ORIGIN? (Spi			- American Indian.
	1 Never Married 2 🔀 Merried			If yes,	specify Cuban, Mexica	n, Puerto Rican,	atc.)	Black	k, White, etc.
BY	3 Widowed 4 Divorced	IF TES, GIVE WHAT ON DA	(IES		ES 2 DY NO Specify	<i>/</i> .			,
0	15. DECEDENT'S EDUC	ATION	18e. DECEDENT'S L	SUAL OCCUPA	TION	16b. KIND	OF BUSINES		o American
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during : retired.)	most of working				
COMPLETED	12th grade		laborer			Cami	pbell S	Soup Co).
OM	17. FATHER'S NAME (First, Middle, Last)		1000101	. * * _ *	18. MOTHER'S NA				
	Granville Roland H	orsov			Annahe	lle Mor	ris		
BE	19e, INFORMANT'S NAME (Type/Print)	OLSCY	195 MAILING	ADDRESS (Street				ete Zin Code)	
2									
	Geneva S. Morris	T an							
	1 XBuriel 2 Cremation 3 Ramo	oval from State	other place)						
	4 Donetion 5 Other (Specify)		reen Acr						
	Potricola	110.02 1.11	1011	Rt. #	2, Box 920	, Jersey	LEY N	MEMOR 1	IAL CHAPEL
	23. PART I. Enter the diseases, or co	omnilations that cause	the death On n						Approximate
	shock, or heart fallure. L	ist only one cause on e	ach line.	or annun tita i	nous or dying, auc	ii as cardiac c	or respirate	ny arreet,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	E10 1	XUA NO	ca /	120000	. 1	√ =		Onset and Death
	resulting in death)	FACA	DVATRE	(1)	MICCINON	111 0)/		2-344
		DUE TO (OR AS A	CONSEQUENCE OF	· N	ASOPHA	try N	ek,		
NO	Sequentially list conditions,	A							
Ĭ	If any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF	٠.					
Ē	that initiated events resulting in death) LAST	DOE TO (OIL AS A	CONSEGUENCE OF	,.					
H		Ji							
	PART II. Other significant conditions	s contributing to death b	ut not resulting is	n the underly	ing cause given in	Part I. 24e.			. WERE AUTOPSY FINDINGS
EDICAL	SPREAD TO	BRAIN							AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	2.000	121811114				_ '	YES Z	WO.	OF DEATH?
2	-					_			1 TYES 2 NO
N			S. AGE (In yrs. lest borthody) FUNCES 1 YEAR FUNCES 2 HES. 79.0 4 '. 'YEAR 19.0 1						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)			
YS	1 YES 2 ZNO								
Hd	27. MANNER OF DEATH 1 D Natural 5 Pending	28e, DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY	WORK?	28d. DESCRIB	E HOW INJUI	RY OCCURED	1
BY	2 Accident Investigation			M 1	YES 2 NO				
	3 Suicide 8 Could not be			treet, factory, o	ffica	281. LOCATION City or Tow	(Street and I vn, State)	Number or Rural	Route Number,
1	4 Homicide determined								
PLE	29m. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurre	d at the time, d	ate end place, end due	to the cause(e)	end menner	as stated.	
COMPLETED	opel	R: On the besie of examination	n and/or investigation	n, in my opinior	, death occured at the	time, date end	place, end du	e to the ceuse(a) and manner as stated.
	295_SIGNATURE AND TITES OF CENTIFIER	//	-		Top LICENSE WIL	MARKEN	1 20	M DATE SIGNE	O (Month One Vine)
BE	W. Charle	AKKA	aler		DIZIO	3/	1	DI A	MAR 9D
2	30 NAME AND ADDRESS OF BERSON WALL	O COMPLETED CAUSE COL	ATH /ITEM OT /T	Deinti	1417	/ /			- 0/10 (10 (
	THE RID ADDRESS OF PERSON WING	O OMPLETED CAUSE OF OF	ALTI (HEW 27) (1908,	rimi)			_	, Co 1	
	TOO ISIDO PIL	ERSIDS 1	12	5A11	CBURU	m	. 2	101	
11	31. DATE FILED (Month, Day, Year)	ERSIDE 1		SALL	sury	nd.	, 2	1001	

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H				1002
	DECEDENT'S NAME (First, Middle, Lest)		OENTIFIC	DAIL OI	DEATH	REG. NO.		3. TIME OF DEATH
	REGINI	426 J.	MILE.	5		MONTH DAY	1990	0015 4
1	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
	214-10-6390 9s. FACILITY NAME (If not institution, give st	1 St. 2 = 7	YRS.	ONTHS DAYS	HOURS MIN.	Oct. 14		ARYLAND
NO BO	PENINSULA GENERA				ISBURY, N		9c. COUNTY OF	COMICO
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	mi) Will	COMICO		15B4R				LIMITS?
	10e. STREET AND NUMBER	- C/NICS	13/76		. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	200 W. PHILAL	DEL/ 4, A	UE,		21801		Ţ	JSA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			IIC ORIGIN? (Specify Yee n, Puerlo Rican, etc.)	or No- 14. RA	CE — American Indian, ock, White, atc.
ВУ	1 Never Married 2 S Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		2 NO Specify			ecity:
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDI ISTRY	WHITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(Give kind of wo	vrk done durina mo	sl of working	Top: Kind or boo		
집	9 YEARS		PACKER			INDU	STRIES	
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
BE (RUFUS	JEROME	MIL	ES	LEVINA	A K	ATE I	LOKEY
0	19e. INFORMANT'S NAME (Type/Print)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Route Number, City or Town		1001
	VIRGINIA LOUISE					, SALISBUR		21801
	20e. METHOO OF DISPOSITION 3/2 1 X Burlel 2 Cremetion 3 Reme 4 Donation 5 Other (Special)	2 / / 9 U 20b.	other place) ARSONS C	TION (Name of cer	netery, crematory or		LISBURY	
	21. SIGNATURE OF FUNERAL SERVICE CIC		ARDOND O					,
	· W. Hickory	AHallo	recee			RAL HOME, P.		0 21801
	23. PART I. Enter the diseases, or o	complications that coused List only one cause on ea	the deeth. Do n	t enter the mo	de of dying, auci	h ea cerdiec or respi	ratory arrest,	Approximete
	IMMEDIATE CAUSE (Final	List only one cause on ea	ich line.					Interval Between Onset and Deeth
	disease or condition resulting in death)	e Cey	zet	_				ment
		Oue to los as a	CONSEQUENCE OF)	2	A 1	1/2 /2 /	A 2	1 20
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate	DUE TO JOH AS A	CONSEQUENCE OF)	e cy	20	Vertical	Deto	Men
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	Casela	(a	ly.	25			Cen,
E	that initiated events	DOE TO (OH AS A	CONSEQUENCE OF	200	1	/ . 0	2	
H	resulting in deeth) CAST	1 Cella	JA		- Leo L	took		5
AL C	PART II. Other aignificent condition	a contributing to death be	ut not reaulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMAJLABLE PRIOR TO
EDIC						1 YES 2		COMPLETION OF CAUSE OF DEATH?
ME								1 - YES 2 - NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI OTHER:	LACE OF DEATH (Chi	eck only one)		
IYS	1 YES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY	ntient 3 DOA	4 - Nursing Hon		8 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME	IRY WO	URY AT ORK? YES 2 NO	28d, DESCRIBE HOW II	NJURY OCCURED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- At home, ferm, at			28f. LOCATION (Street of	and Number or Run	al Route Number
品	4 Homicide 8 Could not be determined	building, etc. (Spec	Hy)			City or Town, State)		
7	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowl	edge, death occurred	d at the time, date	end place, end due	to the cause(s) end men	ner ee stated.	
COMPLET	0001	R: On the basis of examination						e(e) end manner as stated.
ш	295. SIGNATURE AND TITLE OF CERTIFIES	+			29c. LICENSE NUM	WBER	29d. DATE SIGN	ED (Month, Day, Year)
TO B	1	fer			020	20	3/2	3/90
8,1	30. HAME AND AGORESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	class	me	7 8	1/80
8	31. DATE FILED (MONT) Day, Year)	32. REGISTRAR'S SIGN.	ATURE		0	, , , ,		
	1444 5 9 An	The Darkston				,		

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
DALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MA			TMENT ICATE				MENT	AL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)				-				MON	E OF DEATH	W 3	YEAR	3. TIME OF DEATH	
		MCCOY 5. SEX	8. AGE (In yrs. les	a fulado atama	IF UNDER 1	VEAR	IF UNDER	04 4000	0	3 10	, <u>T</u>	990	2:30 F	_
		1 M 2 XF		YRS.		DAYS	HOURS	MIN.	(Mo	nth, Day, Year)		Count	(ry)	gn
- 1	275-50-5715 9a. FACILITY NAME (If not institution, give stre-			1110.	9b, CITY,	TOWALO	D I OCATI	ON OF DE		7/1938		Kel	ntucy	_
œ	Selection State of the Control of th				25			UN OF DE	AIH					
2	2329 Bypass Road	d			Poc	omo	ke				Wor	ces	ter	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCATI	ION						10d. INSIDE CITY	
5	Maryland Worce	ster		Po	como	ke							1 TYES 2 KN	0
┪┃	10e. STREET AND NUMBER					10f.	ZIP COD	Ę			10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	2329 Bypass Ro	ad				2	185	1				USA		
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED						IN? (Specify Yes	or No—	14. RAC	E — American Indian, k, Whita, atc.	,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA		NO				n, maxicai Specify		o Rican, atc.)		Spec	olfy:	
- 4												1	white	
	15. DECEDENT'S EDUCA (Specify only highest grade of		(G	itve kind of	Work done di	CUPATIO	N st of worldi	g	1	Bb. KIND OF BUS	SINESS/IN	DUSTRY		
	Elamentary/Secondary (0-12)	College (1-4 or 5+)	1	. Do NOT u										
COMPL	6		Hot	ısew	<u>lie</u>	_								
8	17. FATHER'S NAME (First, Middle, Last)									, Middle, Maiden		1 2	-1-	
닒	Edward McCoy 19a. INFORMANT'S NAME (Type/Print)									ne Fit			СК	_
2										mber, City or Tow			3053	
	Timothy Ray McC	оу	20b. PLACE						POC	omoke	•		Own, Sista	
	1 ⊠Burial 2 □ Cremation 3 □ Remov	ral from State	other pi	face)	•			•						
	4 Donalion 5 Other (Specify)	NGEE	Sale	п ме				METE SS OF FA		Poo	COMO	ке,	MQ •	
- 1		. 0								on Fur	nera	1 H	ome	
	5043.M	lelson		<u> </u>	P	OE	BOX	64,	Po	comoke	e, M	ld.	21851	
	23. PART I. Enter the diseeses, or co shock, or heert failure. Li			ath. Do	not enter								1 0	
- 1		AT ONLY ONA CAUS	e on each line		iot onter	the mo	de ot dy	ing, suc	h aa c	ardiac or reap	ratory a	rreat,	Approximate	
	IMMEDIATE CAUSE (Final						A	-		22-37 (40)	C. C. C. S. (11)	reat,	Interval Bet Onset and I	ween
	IMMEDIATE CAUSE (Final						A	-		22-37 (40)	C. C. C. S. (11)	reat,	Interval Bet Onset and I	ween Daath
	IMMEDIATE CAUSE (Final	oue to (A	-		22-37 (40)	C. C. C. S. (11)	reat,	Interval Bet	ween Daath
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Squar OUE TO (OR AS A CONSE	OUENCE O	(n - c .		A			22-37 (40)	C. C. C. S. (11)	rreat,	Interval Bet Onset and I	ween Daath
TION	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate	Squar OUE TO (OUENCE O	(n - c .		A			222 40 (40)	C. C. C. S. (11)	rreat,	Interval Bet Onset and I	ween Daath
ICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	Sq J = N OUE TO (OR AS A CONSE	OUENCE O	F):		A			222 40 (40)	C. C. C. S. (11)	reat,	Interval Bet Onset and I	ween Daath
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	Sq J = N OUE TO (OR AS A CONSE	OUENCE O	F):		A			222 40 (40)	C. C	rest,	Interval Bet Onset and I	ween Daath
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Sq J = N OUE TO (OR AS A CONSE	OUENCE O	F):		A			222 40 (40)	C. C	reat,	Interval Bet Onset and I	ween Daath
L CE	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	DUE TO (OR AS A CONSE	OUENCE O	F):	10-	4	» f	PK	24a. WAS AN	AUTOPSY		Interval Bet Onset and I	Death
L CE	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in daath) LAST	DUE TO (OR AS A CONSE	OUENCE O	F):	10-	4	» f	PK	24a. WAS AN	AUTOPSY		b. WERE AUTOPSY FINI AWALABLE PRIOR TO COMPLETION OF CAME	DINGS
L CE	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in daath) LAST	DUE TO (OR AS A CONSE	OUENCE O	F):	10-	4	» f	PK	24a. WAS AN	AUTOPSY		b. WERE AUTOPSY FINI	DINGS DUSE
MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in daath) LAST	DUE TO (OR AS A CONSE	OUENCE O	F):	10-	4	» f	PK	24a. WAS AN	AUTOPSY		b. WERE AUTOPSY FININAVALABLE PRIOR TO COMPLETION OF CALOF OF DEATH?	DINGS DUSE
MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in daath) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL	OUE TO (OR AS A CONSE	OUENCE O	F):	dariying	g couse	» f	Part I.	24a. WAS AN PERFOI	AUTOPSY		b. WERE AUTOPSY FININAVALABLE PRIOR TO COMPLETION OF CALOF OF DEATH?	DINGS DUSE
MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in daath) LAST PART II. Other eignificent conditiona	DUE TO (OR AS A CONSE	OUENCE O	F): In the unit	darfying 26. PL) ceuse	given in	Part I.	24a. WAS AN PERFOI	AUTOPSY		b. WERE AUTOPSY FININAVALABLE PRIOR TO COMPLETION OF CALOF OF DEATH?	DINGS DUSE
HYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in daath) LAST PART II. Other eignificent conditiona	DUE TO (OR AS A CONSE	OUENCE O OUENCE O OUENCE O reaulting	F): In the und OTHER ALD Nurse AE OF	darlying 28. Pt 3: gling Nom 28c. iNJ	ACE OF C	given in	Part I.	24a. WAS AN PERFOI 1 YES 2	AUTOPSY MED?	24	b. WERE AUTOPSY FININAVALABLE PRIOR TO COMPLETION OF CALOF OF DEATH?	DINGS DUSE
PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants reculting in dasth) LAST PART II. Other eignificent conditions 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A CONSE	OUENCE O OUENCE O OUENCE O reaulting	F): In the und	darlying 26. PL 2: sing Nom 28c. INJ WO	Ceuse ACE OF C	given in	Part I.	24a. WAS AN PERFOI 1 YES 2	AUTOPSY MED?	24	b. WERE AUTOPSY FININAVALABLE PRIOR TO COMPLETION OF CALOF OF DEATH?	DINGS DUSE
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other eignificent conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (CONTRIBUTION OF TO CONTRIBUTION OF TO CONTR	OR AS A CONSE OR AS A CONSE OR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE OR AS	OUENCE O OUENCE O OUENCE O Teaulting	OTHER	dartying 26. Pt 3: pling Nom 28c. INJ WO 1 □ 1	ACE OF C	given in	Part I. 8 0 0 28d. 1	24a. WAS AN PERFOI 1 YES 2	AUTOPSY MED?	24	b. WERE AUTOPSY FINA AVAILABLE PRIOR TO COMPLETION OF CAI OF OCATH?	DINGS DUSE
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants reculting in dasth) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	DUE TO (CONTRIBUTION OF TO CONTRIBUTION OF TO CONTR	OR AS A CONSE	OUENCE O OUENCE O OUENCE O Teaulting	OTHER	dartying 26. Pt 3: pling Nom 28c. INJ WO 1 □ 1	ACE OF C	given in	Part I. 8 0 0 28d. 1	24a. WAS AN PERFOI 1 TYPES 2	AUTOPSY MED?	24	b. WERE AUTOPSY FINA AVAILABLE PRIOR TO COMPLETION OF CAI OF OCATH?	DINGS DUSE
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ETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in dasth) LAST PART II. Other eignificent conditiona 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined	DUE TO (CONTRIBUTION OF TO	OR AS A CONSE OR AS A CONSE OR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE OR AS	OUENCE O OUENCE O OUENCE O Teaulting DOA 28b. Till IN ome, farm,	OTHER 4 Nurs AE OF JURY M street, factor	26. PLR: sing Nom 28c. INJ WOOD 1 1 000 ory, office time, data	ACE OF CO. 5 SER URRY AT RK? YES 2 [given in	Part I. Part I. 28d. 1. 28f. L. C.	24a. WAS AN PERFOI 1 VES 2 One) OCATION (Street ity or Town, State)	AUTOPSY RMED?	24 CCUREO or or Rural	b. WERE AUTOPSY FINI AWALABLE PRIOR TO COMPLETION OF CAI OF OEATH? 1 YES 2 NO	Dings Dings Duse
BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants reculting in daath) LAST PART II. Other eignificent conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (contributing to contributing to contri	OR AS A CONSE OR AS A CONSE OR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE OR AS	OUENCE O OUENCE O OUENCE O Teaulting DOA 28b. Till IN ome, farm,	OTHER 4 Nurs AE OF JURY M street, factor	26. PLR: sing Nom 28c. INJ WOOD 1 1 000 ory, office time, data	ACE OF COME 5 SER URY AT RK? YES 2 and place eath occur	given in	Part I. 8 Or 28d. 1	24a. WAS AN PERFOI 1 VES 2 One) OCATION (Street ity or Town, State)	AUTOPSY RMED? INJURY OK and Number oner as stand dus to the	CCUREO er or Rural sted.	b. WERE AUTOPSY FINI AWALABLE PRIOR TO COMPLETION OF CAI OF OEATH? 1 YES 2 NO	Daath Daath Dings DUNGS DU

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILEO (Month, Day, Year)
MAR 21 '90

32. REGISTRAP'S SIGNATURE
Julia Davidson-Randall

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	INS	lled in	e med
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ite fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	other traumatic event, the
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DRDS,	that the	ned by the ith and Me	any inju
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ITAL	N: The la	ficate has State De	item 2
<u>L</u>	SICIA	certif	d, or
O N O	ING PHY	After this death wit	marke
S	TEN	TOR:	28 is
2	OR A	DIREC	Hem
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If

25

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) LEE DOL	ıglas McMah	an			2. DATE O	OF DEATH	1990	3. TIME OF DEATH 7:38A
	4. SOCIAL SECURITY NUMBER 218-16-5881	1 M 2 D F		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month) 0 7 -			BIRTHPLACE (State or Foreign Country) aryland
10B	9a. FACILITY NAME (if not institution, give s Memorial Hosp		91	East	R LOCATION OF DE	EATH		9c. COUNTY	of DEATH albot
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Car	oline		own on Locati					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
BAL	10a STREET AND NUMBER 117 West Cent				ZIP CODE 21632				OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED 2 NO	If yes, spe	ENDENT OF HISPAN city Cuban, Maxica 2 NO Specify	in, Puarto R	? (Specify Yea lican, atc.)	or No- 14.	RACE — American Indian, Black, Whita, alc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamantary/Secondary (0-12) 12th	CATION completed) Collage (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use no Petrole	k done during mos stired.)	t of working	16b.		roleu	
	17. FATHER'S NAME (First, Middle, Last) Roland Her	nry McMahan			18. MOTHER'S NA Mildr				d McMahan
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Audrey A.		19b. MAILING AD		tral Av	Route Numb	er, City or Town	n, State, Zip Co	de)
	20a. METHOD OF DISPOSITION 1	206	D. PLACE OF DISPOSITI	ON (Name of cem			20c. LOC	CATION — Cify	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIN			T	paddress of famptom-H		-		
NOI	IMMEDIATE CAUSE (Final	a. Acute A DUE TO (OR AS A	ach line.						Interval Between Onset and Deeth
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	cDUE TO (OR AS A	A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other algolificant condition	na contributing to death b	out not resulting in	the underlying	cause given in	Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch				
PHYS	27. MANNER OF DEATH 1 Neturel 5 Pending	1 Inpatient 2 ER/Outs 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU				NJURY OCCUR	ED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, atc. (Spec	f — Al homa, farm, atre		ES 2 NO		ATION (Street a or Town, State)	and Number or	Rural Route Number,
COMPLETED	000)	ICIAN: To the best of my know ER: On the beste of exemination							ause(a) and manner as state-4
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE JUlius 30. NAME AND ADDRESS OF PERSON WITH	MD			29c. LICENSE NUI	MBER		29d. DATE S	GNED (Month, Day, Year)
-	S. Willy Lin, M.	.D. 215 Bloom	ningdale A		ederals	burg,	MD 21	632	
	03/08/9WR 12 9	32. REGISTRAR'S SIGN	ATURE	492					

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F VITAL RECORDS	SICIAN: The law requires that the	certificate has been signed by th
OF VITAL RECORDS	HYSICIAN: The law requires that the	his certificate has been signed by the
OF VITAL RECORDS	PHYSICIAN: The law requires that the	this certificate has been signed by the
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ON OF VITAL RECORDS	DING PHYSICIAN: The law requires that the	After this certificate has been signed by the
SION OF VITAL RECORDS	ENDING PHYSICIAN: The law requires that the	1R: After this certificate has been signed by the
ISION OF VITAL RECORDS	ITENDING PHYSICIAN: The law requires that the	TIDR: After this certificate has been signed by the
VISION OF VITAL RECORDS	A ATTENDING PHYSICIAN: The law requires that the	RECITIB: After this certificate has been signed by the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending p	DIRECTOR: After this certificate has been stoned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI			IENTAL	HYGIENE			
1. DECEDENT'S NAME (First, Middle, Las	91)					OF DEATH			IME OF DEATH
Rachel C	m ^c	Mahan			MONTH	DAY	- 199	30 A	11 P M
4. SOCIAL SECURITY NUMBER			NDER 1 YEAR		7. DATE C	OF BIRTH , Day, Year)	6.	BIRTHPLAC Country)	E (State or Foreign
212747564		37 YRS. MONT		HOURS MIN.	7	27 /	902 N	lary.	
90. FACILITY NAME (If not institution, give	The state of the s			R LOCATION OF DEA		, .	9c. COUNTY		
Golden age G RESIDENCE OF DECEDENT	west Home	2NC 14	42 BL	LCKHORN	RA SI	4 Kesvill	Ca	RRO	//
10a. STATE 10b. COU		10c. CITY, TO	WN OR LOCAT	ION				10d.	INSIDE CITY
Maryland Ca	arroll	Syk	esvil	le				1 🐰	YES 2 NO
10e. STREET AND NUMBER			101.	ZIP CODE			10g. CITIZEN	_	COUNTRY?
702 Lee Avenu	ıe			21784			us	sA	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPANI Icity Cuban, Mexican			or No- 14.	RACE - A	merican Indian, Ite, etc.
1 Never Merried 2 Married 3 WWidowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify:				Specify: (white
15. DECEDENT'S E	DUCATION	16a, DECEDENT'S USUA	AL OCCUPATIO	·M	186	KIND OF BUS	INESS/INDIES		
(Specify only highest grant (0-12)	ade completed) College (1-4 or 5+)	(Give kind of work of life. Do NOT use retir	tione during mos	st of working	100.	KIND OF BOS	INCSS/INDOS	in)	
11	2.	Homemak	er						
17. FATHER'S NAME (First, Middle, Last)		пошешах	<u> </u>	16. MOTHER'S NAM	IE (First, N	fiddle, Maiden S	Sumame)		
Albert Cowman				Elva	Dea.	kvne			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a	nd Number or Rural Ro			, State, Zip Co	de)	
Annette M. Wo	ood	702 L	ee Av	enue Sy	kes	ville	, MD	21	784
20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 R	3/8/90 200	o. PLACE OF DISPOSITION other place)					CATION — City		
4 Donation 6 Other (Specify)	S	pring Hi				Eas	ton,	Mary	yland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	~		am Fune		и от	0		
JOHN R	2. MERCE	1220		on. Mar			е		
23. PART I. Enter the diseases,	or complications that cause	the deeth. Do not e					ratory arrest	,	Approximate
shock, or heert fellul iMMEDIATE CAUSE (Fine)	re. List only one cause on e	ach line.	-						Interval Between Onset and Death
disesse or condition	Corchion	resular A	LAPOLAL	9				j	
resulting in death)	OUE TO (OR AS	CONSEQUENCE OF):	- 0		4				
	- Achleo	scholates a	aldien	esular	Deste	01.10			
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):							
CAUSE (Disesse or injury	400	weller							
that initieted events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
	d								
PART II. Other significant conditions	tione contributing to deeth b	out not resulting in th	e underlying	g ceuse given in i	Pert i.	24a. WAS AN			RE AUTOPSY FINDINGS
						PERFOR	/	COI	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
									YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ck only on	10)			
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA 4 2	HER: Nursing Hom	e 6 🗆 Residence (6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		URY AT	28d. DES	CRIBE HOW I	NJURY OCCUP	RED	
1 Netural 6 Pending 2 Accident Investigation				YES 2 NO					
3 Suicide 6 Could not	De building, atc. (Spe	f — Al home, farm, street city)	t, factory, offic	•	26f. LOC. City	ATION (Street a or Town, State)	and Number or	Rural Route	Number,
4 Homicide determined									
29a. CERTIFIER (Check only	IYSICIAN: To the best of my know	riedge, death occurred at	Ihe Ilme, data	end place, and due	to the cau	use(a) and man	ner as stated.		
400)	AINER: On the basis of examination	en end/or Investigation, In	my opinion, d	leath occured at the t	time, date	end place, an	d due lo lhe c	ause(a) en	d manner ee stated.
29b. SIGNATURE AND TITLE OF CERT	IFIER /			29c. LICENSE NUM	IBER		29d. DATE S	IGNED (Mo	nth, Day, Year)
Katuch	Tunesus			1) 208	06		D 3/	6/9	2
30. NAME AND ADDRESS OF PERSON							-7		
7.1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	TURNOS MD	1425 LIB	CETY,	ROAD L	ELDE	25 BUR	G. M.D.	2	21784
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

1 - STATE REGISTRAR	STATE OF MA				HEALTH AND	MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) ADA LEE MILLER						2. DATE MONTH 03	OF DEATH DAY		YEAR 90	3. TIME OF DEATH 8:54 PM
4. SOCIAL SECURITY NUMBER 219961992	5, SEX 8.	AGE (In yrs. last		F UNDER 1 YEAR ONTHS DAYS		7. DATE	OF BIRTH			
9e. FACILITY NAME (If not institution, give			91	b. CITY, TOWI	OR LOCATION OF O			9c. COUNTY		
SACRED HEART HOS	SPITAL			CUMBE	RLAND, MA	ARYLA	ND	ALL	EGAN	TY
10e. STATE MD 10b. COUNT	v Llegany			OWN OR LOC						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	rregarry		Cu	mber T	Land 10f. ZIP CODE	<u> </u>		10g. CITIZE		1 YES 2 NO
215 Humbi	d Street				2150)2			JSA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 N		If yes,	ECENDENT OF HISPA specify Cuban, Mexico ES 2 M NO Specif	en, Puerto F		or No—	Bleck, Specify	- American Indian, White, atc. white
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondpry)(0-12)		(Giv	EDENT'S US to kind of work Do NOT use n	Wife Wife	TION most of working	16b.	own h		STRY	
17. FATHER'S NAME (First, Middle, Last)	Adison Tw	igg			18. MOTHER'S NA Bertha	AME (First, M	Middle, Meiden S Zabeth	urname) 1 Bob	0	
19. INFORMANT'S NAME (Type/Print) Maurice W. Mi	ller		LaV	ale,		Route Numb	ber, City or Town,	State, Zip Ci	ode)	
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	moval from State	20b. PLACE C	of dispositi	emor	cemetery, cremetory or ial Park	c		ation – cir lmber		
21. SIGNATURE OF FUNERAL SERVICE L	Caype	lli		S	and ADDRESS OF FA Carpelli Imberlar	Fur			,	
23. PARY I. Enter the dieessee, or ehock, or heert feilure IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially liet conditione, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. Remove to the control of the cont	PAS A CONSEO	UENCE OF):	Hear	t Fail	Dure	2.			Approximate Interval Batween Onset end Deeth 7 days
PART II. Other eignificant condition	0 (1-1	eath but not re	esuiting In	tha underly	ing ceuse given Ir	Part I.	24e. WAS AN A PERFORM	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26 OTHER:	PLACE OF DEATH (C	heck only or	16)		1	
1 TYES 2 TYPO 27. MANNER OF DEATH	1 Inpatient 2 E			☐ Nursing H	ome 5 Residence		or (Specify)	JURY OCCI	IRED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	INJUR	M 1 [WORK? YES 2 NO					
3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At hor c. (Specify)	me, farm, stre	eet, fectory, o	ffice	281. LOC City	ATIDN (Street er or Town, State)	nd Number o	r Rural R	pute Number,
One)	SICIAN: To the best of m									end menner ee ateted.
296 SIGNATURE AND TITLE OF CERTIFIC	MO) V	P/med	Caf	lais	29c. LICENSE NU	JMBER OO	4	29d, DATE	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V LESLIE MILES JR		of DEATH (ITEM 900 SET			CUMBERL	AND.	MD 21	.502		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S						II CH	J=1,67		

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	1 - STATE REGISTRAR	IAIE UF MAH	RYLAND / DEPAI CERTIF						GIEN i. NO.	E			
	1. DECEDENT'S NAME (First Middle, Last)	RL	HENDRICK	's N	liooLE	TON		2. DATE OF DEA	ATH DA	Ž (YEAR 90	3. TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER 5. S 214-07-0972		VGE (In yrs. lest birthday) VRS.		7	IF UNDER 2	MIN.	7. DATE OF BIRD (Month, Day, V	TH bar)		8. BIRTH Country	PLACE (State or Fore	olgn
ac	9s. FACILITY NAME (If not institution, give street a	and number)			Y, TOWN OR		N OF DE			9c. COUN	VTY OF D	EATH	
2	CUMBERLAND NU	RSING HO	ME	ICUME	BERLAI	ND .				LALL	EGAN	Y	
DIRECTOR	MADDY AND	1 4 7 7 7		,	OR LOCATIO	N						10d. INSIDE CITY LIMITS?	
	MARYLAND ALLEG	ANY	ICUM	BERLA		IP CODE			_	10g. CITI	ZEN OF W	1 TYES 2 TO N	10
FUNERAL	87 WESTWOOD R	OAD BEL	-AIR			2150	02				II.S	Δ	
BY FUN	1 Name Married 2 V Married	IF YES, GIVE WAR C	YES 2 NO	13.	WAS DECEN	fy Cuban	HISPAN , Mexicar Specify	IC ORIGIN? (Spec n, Puerto Ricen, a	ify Yea tc.)	or No—	14. RACE Black Specie	— American Indian, , White, etc. /y:	١,
ED B	15. DECEDENT'S EDUCATIO		W 1	S USUAL C	CCUPATION			16h KIND (DE BUS	SINESS/IND	HISTRY	WHITE	
Ш	(Specify only highest grade comp Elamentary/Secondary (0-12) Col		(Give kind of life. Do NOT SUPERIV	work done ise retired.)	during most			NGETELD					
COMPL	17. FATHER'S NAME (First, Middle, Last)		JOHENT	LOOK			_	ME (First, Middle, I	_		-		
BE (BENJAMIN F. M	IDDLETON	7					ANN HY					
10	190. INFORMANT'S NAME (Type/Print) EARL PAUL MIDDLETON							IR CUMB				YI.AND	
	20a, METHOD OF DISPOSITION 1 Description 2 Cremation 3 Removal 1 4 Donation 5 Other (Specify)	from State	20b. PLACE OF DISPO other place) SUNSET ME		AL PA		atory or			CATION —		C. HOOK	
	21. SIGNATURE OF FUNERAL SERVICE LIGENSE	m -	JONSET MI	22.	NAME AND	ADDRES		CILITY			ND M	ARYLAND	
	Dale L.	Herri	Ħ					FUNERA REET CU			IN MAI	ONT A DITT	
	23. PART I. Enter the diseases, or companock, or heart fellure. Liet	olicetions that ceronic only one cause (used the death. Do	not ente	r the mode	of dyir	ng, suci	as cardiac or	resp	ratory arr	rest,	Approximat interval Bet	
	IMMEDIATE CAUSE (Final disease or condition											Onset end t	
	resulting in death) e	DUE TO (OR	AS A CONSEQUENCE	OF):								1200	7
NO	Sequentially list conditions, b.	DUF TO (OR	AS A CONSEQUENCE	DEV-								-	
CATI	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	502 10 (011	A CONSECUENCE	. _/ .								ĺ	
CERTIFICATION	that initieted events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):									
	d										_		
CAL	PART II. Other significant conditions co	1	th but not resulting	in the u	nderlying	ceuse g	iven in	P	ERFO	AUTOPSY	24b	WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION DF CA	O
MED								_ '	VES 2	1 10		OF DEATH?	0
1	25. WAS CASE REFERRED TO MEDICAL												
SICI	EXAMINER? HO	OSPITAL:	/Outpatient 3 DOA	OTHE 4 Day	eri:			6 Other (Speci	(fv)				
PHYSICIAN	27. MANNER OF DEATH	26a. DATE OF INJU		ME OF	28c. INJUI WOR	TA YE		28d. DESCRIBE		NJURY OC	CURED		
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could get be	26a PLACE OF IN	JURY — At home, ferm	M atrest, for		S 2	NO NO	26f. LOCATION	Street	end Number	r or Rural I	Pourte Number	
ETED	4 Homicide 6 Could not be detarmined	building, etc.	(Specify)		,,			City or Town	, State,				
COMPLI	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: one) 2 MEDICAL EXAMINER: Or											a) and monner as sta	ated.
BE	29b. SIGNATURE AND TITUE OF CENTIFER	tuo				29c. LICE	D 33	1BER 3280		29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON/WHO CO		of death (ITEM 27) (Ty) 69 GREENE		Edi Ci	ידנו//[[DT AB	ID MADS	A 5.T	0	/	7	
			SIGNATURE MARCHARE	OIKE	<u>il</u>	JMBE.	KLAI	ID MARYI	AN	J		_	
	ש טפפועניייי וו	BARTANIE TELEB	M and land that the										

DHMH-16 Rev 1/89

21532

Frostburg, Mn

Sandhir S 31. DATE FILED (Month, Day, Year) MAK 3 0 1990

	FOR 1 - STATE REGISTRAR		MARYLAND /		RTMENT				MENTAL	HYGIEN REG. NO.	_			
- 5	negistrar 1. decedent's name (First, Middle, Le Robert 4. social security number	st)								OF DEATH			. TIME OF DEATH	
	Robert TAYLUM	claughlin							0.3	28	199	YEAR	1720 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER 1	YEAR	IF UNDE	R 24 HRS.	7. DATE (OF BIRTH		8. BIRTHPL	ACE (State or Foreign	
	214-14-7965	1 X M 2 - F	68	YRS.	MONTHS	DAYS	HOURS	WIN.	04	27 19	21	Country)	ABTTS	
	9a. FACILITY NAME (If not institution, g.	- 11			9b. CITY,	TOWN C	R LOCAT	ION OF DE				MARYT ITY OF DEA		
Œ											legan			
16	Frostburg Commi	TITTA HUSh	i La I		170320019, 110									
DIRECTOR	10a. STATE 10b. COL	INTY		10c. CiT	TY, TOWN OF	LOCAT	ION					1	Od. INSIDE CITY	
븜	MARYLAND AT	LEGANY		R	AWLING	25							LIMITS?	
ᆛ	10e. STREET AND NUMBER	01211			WILLIAM	-	ZIP COD	E			10g. CITIZ	ZEN OF WH	AT COUNTRY?	
E.						1	2150	2			7.7	C 4		
FUNERAL	11, MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR	RMED	21502 IJ.S.A. 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yaa or No								- American Indian.	
	1 Never Married 2 Married	FORCES?	YES 2 XI	NO	- H	yes, spi		en, Maxica	n, Puarto F			Black, \ Specify:	White, atc.	
BY	3 Wildowed 4 Divorced		120	71	оросп	y.		ŀ	opacity,	WHITE				
G	15. DECEDENT'S (Specify only highest g				USUAL OC				16b.	KIND OF BUS	SINESS/IND	USTRY	7744 de de des	
	Elementary/Secondary (0-12)	College (1-4 or 5	life	. Do NOT u	work done du ise retired.)	unng mo	at of work	ing						
르	10		FLE	CTRI	CTAN				RS.	O RATI	ROAD			
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA		liddle, Maiden				
1 - 1	TAYLOR MCI	AUCHLIN					MT	רא מינ	JTCC					
BE	TAYLOR McIAUGHLIN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zip Code)													
2	CAROLYN HUNEYCUTT 170 GRADY DRIVE ROCK HILL SOLITH CAROLINA 29730													
	20s. METHOD OF DISPOSITION 1													
	1 M Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	lemoval from State	OI DTO	,	-Marria	v				OT DV	YOUTAT R	MARYI.	AETT	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		WIN TH		_	ID ADDRI	ESS OF FA	CILITY		UMIN	VIAR YI	AIVI	
	1 A 1.	1 IVI	H							ERAL H				
	Nate	x. Her	rue		404	DE	CATI	IR ST	REET	CUMBE	RT AM	D MAR		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate Interval Between													
	Open and Best										Onset and Death			
	disease or condition resulting in death) a. DIET TO DE AS A CONTROLLED OF										Lav			
	DUE TO (OR AS A CONSEQUENCE OF):										10			
N	Sequentially list conditions, Due to one as a consequence on													
RTIFICATION	If any, leading to immediate													
2	CAUSE (Disease or Injury That Initiated washington and the Initiated washington and the Initiated washington and the Initiated washington and the Initiated washington and													
E	that initiated events reaulting in death) LAST	DOE IC	OH AS A CONSE	ODENCE C	л-):									
EH I		d,												
1	PART II. Other aignificant condi	tions contributing to	death but not	resulting	In the unc	derlying	g cause	given in	Part I.	24a, WAS AN		24b. V	PERE AUTOPSY FINDINGS	
2	CODE	Emplys	ema -		Ciry	re.	534	Ri	ver	PERFOR		0	MAILABLE PRIOR TO COMPLETION OF CAUSE	
ED	Do ale Suis	1100	0 D	7 01 4	p 14	Att.	B	· los	100 1	1 123 2	L L		F DEATH?	
2	On boots	1-1	00	1	0	0.	a	-	-			- 1	_ res z [] no	
A	25. WAS CASE REFERRED TO MEDICA	L	1000	ucc	بادم	26. PL	ACE OF	DEATH (Ch	neck only on	9)				
SICIAN	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	3 D DOA	OTHER 4 Number		a 5 □ B	lasidanca	8 🗆 Other	(Snack)				
РНУ	27. MANNER OF DEATH	28s. DATE O	F INJURY	26b. T#	WE OF	26c. INJ	URY AT	TO STATE OF THE ST	_	CRIBE HOW	NJURY OCC	CURED		
	1 Natural 5 Pending		Day, Year)	IN	JURY	_	PRK? YES 2	□ NO						
ВУ	2 Accident Investigati 3 Suicide 6 Could not	28a. PLACE	OF INJURY At he	ome, farm,	street, facto	ry, offic	•			ATION (Street		or Rural Roo	ute Number,	
TED	4 Homicide detarmine		, atc. (Specify)						City	or Town, State)				
"	29a. CERTIFIER 1 CERTIFYING P	JYSICIAN: To the horse	d my knowledge 4	adh cas			and at		- t- th : -	andah and dis				
COMPLE	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
8														
B	29b. SIGNATURE AND TITLE OF CERT	FIER		01	MC		29c. LIC	ENSE NU	WBER C	(1	29d, DATI	E SIGNED	Aonth, Day, Year)	
												3/30/90		

M.D. 48 Tarn Terrace

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0	E	-
ERAL DI	in 72 hi	THE
FUNERAL D	within 72 h	TANT: If I
THE FUNERAL D	fled within 72 h	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT ICATE				MENTA	L HYGIEN REG. NO.	E 9	0-10	0033
	1. DECEDENT'S NAME (First, Middle, Last)	John A	lbert Me	rrvm	an				2. DATE	of DEATH	1990	YEAR	2:05 p M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	-	IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTN	1		ACE (State or Foreign
	213-12-6446	1 🔀 M 2 🗆 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug	th, Day, Year)	906	Country)	laryland
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE	ATH		9c. COUN	ITY OF DEAT	Н
OR	Cherrywood Manor	Nursing	Home		Reis	ster	ston	n			Bal	Ltimor	'e
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			40. 07	Y. TOWN O	010017						1.40	4 110000 0000
DIRECTOR	Maryland Balt:				ngs 1								d. INSIDE CITY LIMITS? YES 2 X NO
AL	10e. STREET AND NUMBER					101.	ZIP CODI	E			10g. CITIZ	EN OF WHA	T COUNTRY?
FUNERAL	123 Oakmere Rd.					2	1117				USA	1.	
5	11. MARITAL STATUS	MED						N? (Specify Yas	or No-	14. RACE — Black, W	American Indian,		
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	10			2 K NO			Rican, etc.)		Specify:	hite		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(Gi	ve kind of	USUAL OC	CUPATIO	N st of workin	ng	16	b. KIND OF BUS	SINESS/IND		
۳	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se retired.)						. 1 .		
M	10 17. FATNER'S NAME (First, Middle, Last)			Eil	ectri	Lcan				Constru		1	
		out wi					18. MOT			Middle, Maiden			
BE	A.I. 19a. INFORMANT'S NAME (Type/Print)	bert Mer				·				nes Bil		0.43	
2	Donald A. Merry	m m m								imore,			
	20a. METHOD OF DISPOSITION		SITION (Na				Dali			City or Town,			
	1 Buriel 2 Cremation 3 Remo	ice)					Cox	dens					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		13.4	_		ID ADDRE		CILITY				
	► H-9- Ee	Chara	lt							ckhard			Chapel 21117
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert feliure. List only one ceuse on each line.												
	IMMEDIATE CAUSE (Final disease or condition CLAS												
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
z	ASCUD												
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
S	CAUSE (Disease or injury												
#	that initiated events	DUE TO	(OR AS A CONSE	QUENCE C	NF):								
H	Todaling in double pass	d											
PHYSICIAN: MEDICAL (PART II. Other algnificant condition	a contributing to	death but not r	esulting	In the un	derlying	g cause	given in	Part I.	24a. WAS AN PERFOR	RMED	AM CC	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
X												1 (YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					00 PV	40F 0F F	EATH O		1			
2	EXAMINER?	HOSPITAL:	7 5000		OTHER	1 :	ACE OF E						
4	1 YES 2 JANO 27. MANNER OF DEATN	28s. DATE O	ER/Outpetient 3	28b. TH	-	28c. INJ		esidenca		er (Specify) ESCRIBE NOW I	NJURY OC	CHRED	
	1 Natural 5 Pending		Day, Year)		JURY M	WO	PRK?	NO	200.0				
TED BY	2 Accident Investigation 3 Suitcide 6 Could not be 4 Homicide determined	28s. PLACE building	OF INJURY — At he , atc. (Specify)	me, farm,	street, fact	ory, offic	•		281. LO	CATION (Street y or Town, State)	and Number	or Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI												nd manner as stated
8	\sim		TOWNS THE PROPERTY OF	vargati	ол, лі my 0	printerl, 0				u and prece, at			
BE	SHE SHOWN THE AND TITLE OF CERTIFIES	mea)	ms					ENSE NUI	MBER VSS	O	29d. DAT	E SIGNED (M	SO Year)
2	35 NAME AND ADDRESS OF PERSON WH	O COMPLETED ON	OF OF BEATH STE	M AT (T-	- Outres							(*

	FRRED TO MEDICAL											
EXAMINER?	LMO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	DOA 4/7/H	6 C Other (Specify)								
1 Natural	ATN 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCURED							
2 Accident 3 Suicide 4 Homicide	6 Could not be determined	28s. PLACE OF INJURY — At h building, atc. (Specify)	ome, farm, street, fa	otory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
one)	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as at

2 MEDIC	AL EXAMINER: O	in the basis of examination and	For investigation, in my opinion,	death occured at the time,	data and place, and du	ia to the cause(a) and man	ner as stated.
\sim							
SIGNAPURE AND TITLE O	F CERTIFIER	~		29c LICENSE NUMBER	29	d DATE SIGNED (Month D	mr Vauri

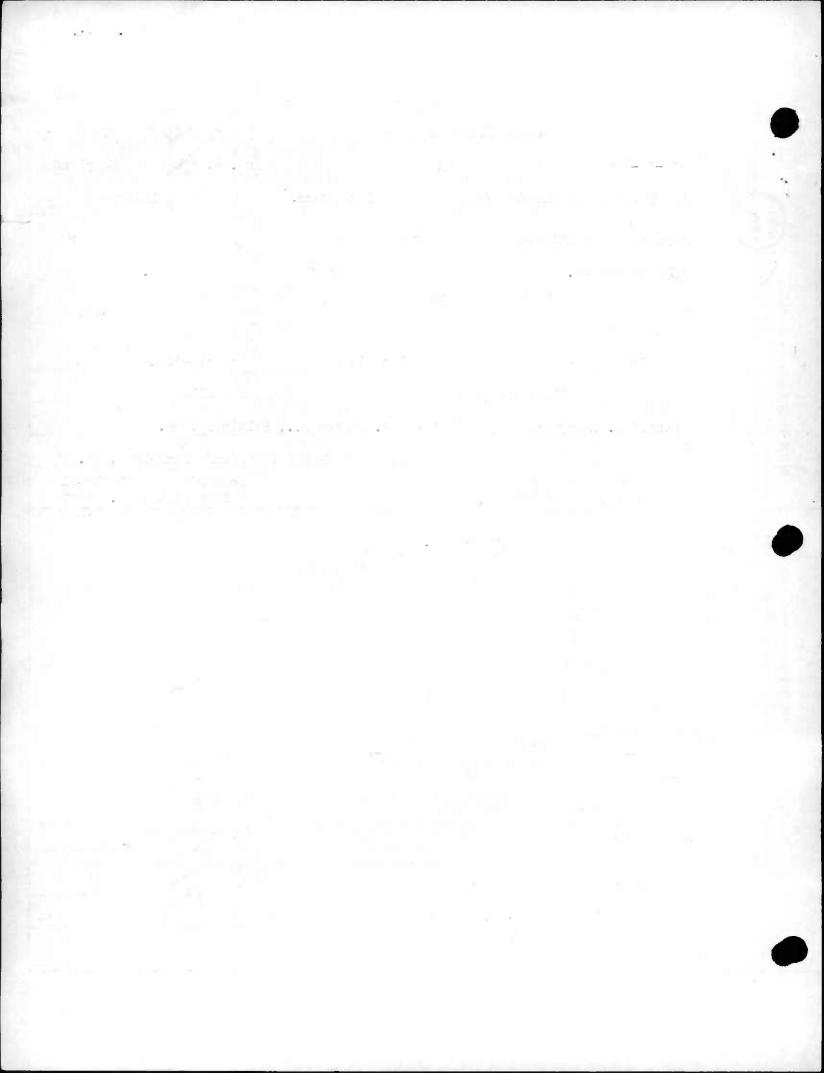
٩	SHOWATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
2	Jan A Quy	(a) ms	70-12550	1 3/2 KD

AME AND	ADDRESS OF	PERSON V	YHO COMPLETED CAUSE OF	DEATH (ITEM 27)	(Type, Print)		100-			
1		^	(2.		4	- 0 -	, LCGD	MIN	031 N.D	
7/	Same	14.	QUINCON	pr D	1 /	59	P=1=120		ON INCIS MUS	> /

MAR 20 90 32. REGISTRAN'S SIGNATURE

2111

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pair be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

1 - STATE REGISTRAR		SIAIL OF I	MANTEAN	CERTIF			DEATH	D 1911		i. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)							1	. OATE OF DEA				3. TIME OF OEATH	
Margaret	E.	Mechalske	9					- 1	MONTH 03-15-	-90 DAY		YEAR	7:00A.M. M	
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In y	rrs. last birtnday)	IF UNDER 1 Y	YEAR	IF UNDER 24 HF	RS. 7	DATE OF BIRT	TH		8. BIRTHE	PLACE (State or Foreign	
215-16-7444		1 🗆 M 2 🖂 🗐	75	YRS.	MONTHS D	DAYS	HOURS MI	N.	06/16/			Country	Md.	
9e. FACILITY NAME (If not in	astitution, give s	street end number)	,,,		9b. CITY, TO	OWN OI	R LOCATION O	F DEAT		17	9c. COUNT			
4308 Maple		Rd.			Hamp	oste	ead				Carı	Carroll		
10a. STATE	10b. COUNT	Υ		10c. CI	TY, TOWN OR	LOCATI	ON			-			10d. INSIDE CITY	
Md.	Car	roll		Ha	mpstea	ad							LIMITS?	
10e. STREET AND NUMBER						_	ZIP CODE				10g. CITIZ		HAT COUNTRY?	
4308 Map	le Gro						21074					.S.A		
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 //NO	If y	res, spe		exican,	ORIGIN? (Spec Puerto Rican, el		or No—	Specify Whi	- American Indian, , White, etc. y: te	
	EDENT'S EDU		16	Se. DECEDENT'S	S USUAL OCC	UPATIO	N t of working		16b. KIND C	OF BUS	NESS/INDU	STRY		
Elementary/Secondary (College (1-4 or 5	+)		work done dur									
6Th.				Cataly	st kes	ear	CH		1					
17. FATHER'S NAME (First, A							16. MOTNER'S	S NAME	(First, Middle, N	Maiden S	Surname)			
	A. Mur	ray					Let		Gambe					
Sherman L.		lske			BOX 3				ote Number, City					
200/METHOD OF DISPOSIT	TON		20b. P	LACE OF DISPO					-		ATION - C		wn, State	
1 Burlet 2 Crematic		noval from State		praine	Park					Woo	dlawr	n		
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE				ME AN	O ADDRESS O	F FACIL	JTY .					
> Ster	en t	N. Elm	ė		Ham	ı Sc Npst	ead, N	ain Md.	Št. 21074	EI	ine l	·une	ral Home	
23. PART I. Enter the d		complications the			not enter th	he mod	de of dyling,	such	as cardiec or	reapir	atory arre	st,	Approximate Interval Between	
IMMEDIATE CAUSE (FI				AL INF	יא דיריים אי	TAT							Onset and Death	
resulting in death)				ONSEONENCE (J.V	.							
		CO	RONARY	ARTER	Y DISE	EASI	Ξ							
Sequentially list condi- if any, leading to imme		DUE TO	(OR AS A C	ONSEQUENCE (OF):	-								
cause. Enter UNDERLY CAUSE (Disesse or Inju	ING	C												
thet initiated events		OUE TO	(OR AS A C	ONSEQUENCE (OF):									
resulting in death) LAS	T L	d												
PART II. Other signific	ant condition	ne contributing to	death but	not reaulting	in the unde	erivino	ceuse give	n In P	art J. 24a. V	WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
					,	, , , , ,			P	ERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									- '''	YES 2	XNO		OF DEATH?	
									-				1 TYES 2 NO	
25. WAS CASE REFERRED	TO MEDICAL					26 DI	ACE OF DEATI	H (Chan	k nak nael					
EXAMINER?	O MEDIONE	HOSPITAL:	7 50/0-1-1		OTHER:									
27. MANNER OF CEATH		1 Inpatient 2		26b. TI		6c. INJ		_	Other (Speci	·	LIURY OCC	URED		
	Pending		Day, Year)	100.11	NJURY M	WO	RK?		ou. DEQUINDE			OTILO		
2 Accident	Investigation	28e PLACE	OF INJURY -	At home, farm,	street fector	11		-	261. LOCATION	(Stroot a	nd Number	or Rural F	Pourte Number	
3 Suicide 6 4 Homicide	Could not be determined	building	, etc. (Specify)	,,	,,			City or Town		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
One)		ER: On the best of	-) end manner as stated.	
29b. SIGNATURE AND TITL	E OF CERTIFIE	R					29c. LICENSE	E NUMB	ER		29d. DATE	SIGNEO	(Month, Day, Year)	
	P	bulans						170					.5-90	
30. NAME AND ADDRESS O	F PERSON W	LETED CAL	JSE OF DEAT	N (ITEM 27) (Typ	oe, Print)									
31. DATE FILED (Month, Day	0°90	32. REGISTR	ha David	Son-Ran	dell									

MND 21203-3146

BALTIMORE,

	1 - FOR STATE REGISTRAR	STATE OF MARYL			MENT OF H		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF GEATH	Y YE	3. TIME OF DEATH	
	GUILLERMO	N.	AVER	A			3-10	1-95	" 1755 m	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	INTERPLACE (State or Foreign Country) 111 ppine		
	206-66-0777	1 M 2 D F 7	7	YRS.	ONTHS DAYS	HOURS WIN.	Aug. 14.1		Islands	
	9e. FACILITY NAME (If not institution, give s	treet and number)		18	OF OEATH					
FUNERAL DIRECTOR	Anne Arundel	Medical Ce	nter		Anr	apolis		Anne	Arundel	
RE(10a. STATE 10b. COUNT			10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
۵		e Arundel		A	nnapol				1 TES 2 NO	
3AL	10e. STREET AND NUMBER				101	ZIP CODE			OF WHAT COUNTRY?	
Ä	1331 Cape St.					21401			ippines	
FU	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 TYES	N U.S. ARM	IEO D			IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, etc.	
ΒX	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		1 🗌 YES	2 X NO Specify	r:	म	specify: ilipino	
	15. DECEDENT'S EDU	CATION	16e. DEC	EDENT'S U	SUAL OCCUPATION	iN	16b, KIND OF BUS			
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	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Street a	nd Number or Rural I	Soute Number, City or Tow	n, State, Zip Cod	9 21401	
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	21. SIGNATURE OF FUNERAL BEHAVICE LI	COMMER //			Tav]	or Fun	cility eral Chaj	pel	21401	
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	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	shock, or heart failure. List only one cause on each line. Interval Between Onset and Death									
	disaase or condition reaulting in death)	Aca	le	m	10ca	rdea	I Soul	Arct	707	
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BY	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,									
	4 Homicide determined building, etc. (Specify) City or Town, State)									
E	29e. CERTIFIER (Charle calls 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(a) and menner ea stated.									
COMPLETED	CONSTRUCTION OF THE PARTY OF TH	ER: On the beels of examination							use(e) end manner ee stated.	
	29b. SIGNATURE AND JITLE OF CERTIFIE	~				29c. LICENSE NUI			GNGÔ (Month, Dayl Year)	
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2	30 NAME AND ADDRESS OF PERSON W	HOLD ARREST CAUSE OF D	EATH //TEN	27) (3-4)	Print)	1100	207	1	10/10	

THO CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

Day, Year)



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	1 - FOR STATE REGISTRAR	STATE OF M		DEPART				MENT	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)			LATIFIC	CATE		АПП		TE OF DEATH			3. TIME OF DEATN	
	SAMUEL C. NAYLOR	2						03 22			90	6:35 p M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER † YE		NDER 24 HRS.		TE OF BIRTH onth, Day, Year)		6. BIRTHPLACE (State or Foreign Country)		
	218-12-6386	1 ₹ M 2 □ F	YRS.				7-13-1906			New Jersey			
œ	9e. FACILITY NAME (if not institution, give street end number)				96. CITY, TOWN OR LOCATION OF DEATH GLEN BURNIE ANNE ARUNDEL								
<u>0</u>	NORTH ARUNDEL HOSPITAL RESIDENCE OF DECEDENT				GLEN BURNIE					NDEL			
DIRECTOR	10e. STATE 10b. COUNTY	17Y 10c. CI			TY, TOWN OR LOCATION							10d, INSIDE CITY LIMITS?	
						Pasadena						1 TYES 2 NO	
RAL	10e. STREET AND NUMBER				101. ZIP CODE				10g. CITIZEN O			VHAT COUNTRY?	
FUNERAL	165 Meadow Road									U.	S.A. E — American Indian,		
ß	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 ARMED FORCES? 1 YES 25 ARMED FORCES? 1 FYES GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexican, F			n, Puer	, Puerto Ricen, etc.) Bis			c, White, etc.	
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ö	Samuel K. Nay	10r				10. 1				Surname)			
BE.	19e. INFORMANT'S NAME (Type/Print)	T (.) T	1,1	9b. MAILING	ADDRESS (St	reet and Nu			nce Jumber, City or Tov	n, State, Zij	o Code)		
5	Mrs. Dorothy N	avlor		165	Meado	ow R	oad	Pa	sadena	. N	(D: 2	1122	
	20a METNOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Remo		20b. PLAC	E OF DISPOSI						CATION -			
	4 Donation 5 Other (Specify)	4 Donation 5 Other (Specify) louidon Park Cemetery Catonsville MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							21146					
	Hames ce	· //C	viran	XO.	Baı	rran	co Fu	ne.	ral Ho	me S	Seve	rna Park, N	
	23. PART I. Enter the diseeses, pr c shock, or heert feilure. I	omplications that	caused the c	seath. Do no	ot enter the	mode of	dying, suc	h as c	ardiac or resp	iratory ar	rest,	Approximate interval Between	
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	resulting in death)												
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CERTIFICATION	Sequentielly list conditione, if any, leading to immediate	DUE TO	IDN AS A CONS	EQUENCE OF	11	y	HUR	6	1 64	TA	en	Murya	
CAI	cause. Enter UNDERLYING CAUSE (Disease or injury	176	19,19	SCI	000	01	wic	0	021	dies	حر ۱	n Calas	
Ħ	that initieted events	that initieted events DUE TO (OR AS'W COMSEQUENCE OF):								a scurrey			
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4	PART if. Other aignificant conditions	s contributing to	death but not	resulting in	n the under	rlying cau	se given in	Part I			24t	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
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ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	home, ferm, s	street, factory, office			281. LOCATION (Street and Number or Rural Route Number,						
臣	4 Nomicide determined	building,					City or Town, State)						
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œ	L A K	1:50	mo	290	9.		D2	11	87	D	3/2	5/90	
5		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH OTEM TO TOPE PRINT (1)											
	RAO U. SUNKARA M.D. 14 WELLIAM AVENUE 1/203 GLEN BURNIE, MARYLAND 21061												
	II. DATE FILED (Month, Day Age) 2 6 1990 Guila Davidson-Bondale												

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TO THE FUNCTION CONTINUES After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 1990 March 26, NELSON RONALD A. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7, OATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER t YEAR IF UNDER 24 HRS. HOURS DAYS 1 XM 2 F 75 Sept.4,1914 Massachusetts 357-22-3049 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Arundel Annapolis Anne Anne Arundel Medical 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10e. STATE Gambrills Maryland 1 YES 2 NO Anne Arundel FUNERAL 10e. STREET AND NUMBER 101, ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21054 2410 Bell Branch Road 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No--FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: B 3 Widowed 4 Divorced WII White W COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Civil Service Legal Clerk 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Abbie Cairns Leon F. Nelson BE tee. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2400 Bell Branch Rd., Gambrills, MD 21054 Elizabeth M. Jones METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State Buriel 2 - Cremation 3 -Center Cemetery Bernardston, MA 4 Donation 5 D Other (Specify) Taylor Funeral Chapel RE OF PUNERAL BENVICE 21401 147 Gloucester St., Annapolis, MD diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, heart fellure. List only one cause on each line. Approximate strock, of Intarvai Batween Onset and Daeth IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS/A CONSEQUENCE OF): rehi CERTIFICATION Sequantielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury TO (OR AS A CONSEQUENCE that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS MEDICAL PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO **PHYSICIAN**: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 Inpatient 2 - ER/Outpatient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO В Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner so stated my opinion, death occured at the time, date end place, and due to the cause(e) and menner se stated. BE 2

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARCH 1990 Lucinda Helenbrook Newman 9:30 a.m.m 7. DATE OF BIRTH (Month, Day, Year) of b. ith, Day, Yo. 23 A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 TF 06 Buffalo New Yorl 114-34-0207 9c. COUNTY OF DEATH 9e. FACILITY NAME (if not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10s. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Bowie Prince George's 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13400 Idlewild Drive 20715 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: BY 3 Widowed 4 Divorced Caucasaian E 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) during most of working Elementery/Secondery (0-12) College (1-4 or 5+) 12 School Teacher Education 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Helen Abbott William Thomas Bailey, III BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Grant A. Newman Same as 10 A-F 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 Home Crematory | Clinton Maryland 22. NAME AND ADDRESS OF FACILITY LEE FUNETAL HOME, Inc. Funeral 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 6633 Old Alexander Ferry Road 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. Liet only one ceuse on each lina. intervai Between Onset and Death IMMEDIATE CAUSE (Finai DUE TO (OR AS A CONSEQUENCE OF): disease or condition sendominal recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): Syndromal 8 mows Tumora CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa recuiting in death) LAST PART ii. Other aignificant conditions contributing to daeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO MAI COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO peria 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Distribution 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO hospital 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Y Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B allen 3/18 M.D. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ALLEN M.D JOHNS HOPKINS HOSP BALTIMOREAMD 32 ABCISTARIS SIGNATURAL MODELL

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	FOR 1 - STATE REGISTRAR	STATE OF N			TMENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH D			TIME OF DEATH		
	JAMES EDWA	AY 199	YEAR	1515 H								
	4. SOCIAL SECURITY NUMBER	NORRI:	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	MARCH 8.		V	CE (State or Foreign		
	218-12-7586	1 📝 M 2 🗆 F	77	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	010	Country)	T 437D		
ě.	9a. FACILITY NAME (If not institution, give			95 CITY TOWN C	R LOCATION OF D	JULY 18, 1		MARY TY OF DEAT	LAND			
DIRECTOR	NAVAL HOSPITAL					NT RIVER			MARY			
E C	10a. STATE 10b. COUNT	Y		10c. CIT	Y. TOWN OR LOCAT	ION			104	1. INSIDE CITY		
		MARY'S			RIDGE					LIMITS? YES 2 NO		
FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZ	EN OF WHA	COUNTRY?		
E	BOX 56, PORTNEY	'S OVERLO	OOK			20680		U	.S.A.			
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI	MED		ENDENT OF HISPA	NIC ORIGIN? (Specify Ye			American Indian.		
	1 Never Married 2 Married	IF YES, GIVE W	AR OR DATES	10	1 Tyes, spe	2 NO Specif	an, Puerto Rican, etc.) /y:					
ВУ	3 Widowed 4 Divorced	W.W.]	II					1	Specify: WH	ITE		
8	15. DECEDENT'S ED (Specify only highest grad	JCATION le completed)	16a. DE0	CEDENT'S	USUAL OCCUPATION	ON st of working	16b. KIND OF BU	SINESS/INDU	STRY			
	Elementary/Secondary (0-12)	College (1-4 or 5	ille.	Do NOT u	se retired.)							
COMPLET	8			CARP	ENTER		CIVIL	SERV	ICE			
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)				
IAI	JOSEPH NEAL NORE	IS, SR.				EVA MA	YOR					
8	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street a		Floute Number, City or Tow	n, State, Zip (Code)			
2	BURNETT R. NORRIS		1	BOX	56. PORTI	NEY'S OV	ERLOOK, RI	DCE	MD 2	0680		
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Name of cen			CATION — C				
	1 St Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	noval from State	other ple		AEL'S CA	THOL TC	D	IDGE,	MADV	IAND		
	21, SIGNATURE OF FUNERAL SERVICE L	ICENSEE	4	4		D ADDRESS OF FA		IDGE,	TIAKI	LAND		
	BRINSFIELD FUNERAL HOME											
	P.O. BOX 279, LEONARDTOWN, MD. 20650											
	23. PART i. Enter the diseeses, or shock, or heart feliure	List only one	caused the de	ath. Do	not enter the mo	de of dying, suc	ch ss cerdlec or resp	Iratory erre	st,	Approximate interval Between		
	IMMEDIATE CAUSE (Fine)	List Only One			1			•		Onset and Death		
	disease or condition		MVas	CA	PRIAL	TAF	AR ETIC	20/		Sec		
	disease or condition resulting in death) a. OUCARCIAL TWIAR CITUM DUE TO (OR AS A CONSEQUENCE OF):											
Z		b										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
A	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initieted events	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
F	reculting in deeth) LAST	d										
8		· .										
A	PART il. Other significent condition	ne contributing to	deeth but not n	esuiting	in the underlying	g ceuse given in	Part I. 24s. WAS AM			RE AUTOPSY FINDINGS		
8							1 _ YES :	2 🗌 NO		MPLETION OF CAUSE DEATH?		
MEDICAL										YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (C	heck only one)					
2	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:		8 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF		28b. TIA			28d. DESCRIBE HOW	INJURY OCC	URFO			
	1 Natural 5 Pending	(Month, D			JURY WO	PRK?			011110			
ВУ	Accident Investigation	28e. PLACE O	F INJURY - At hor	me ferm	street, factory, offic		28f. LOCATION (Street	and Number	or Rural Bourt	Mumbar		
	3 Suicide S Could not be 4 Homicide determined	building,	etc. (Specify)	,,		-	City or Town, State		A PIGRAI PROGR	Trumout,		
Ш	20a CESTIEIES											
4PL	2001						e to the cause(e) end ma					
COMPLET	MEDICAL EXAMIN	NER: On the basis of a	xamination and/or i	Investigation	on, in my opinion, d	leath occured at the	e time, date and place, a	nd due to the	cause(a) ar	d manner as stated.		
ВС	296 SIGNATURE AND TITLE OF CERTIFI	ER				29c. LICENSE NU	MBER	29d. DATE	SIGNED (M	onth, Day, Year)		
TO B	wm 132	tour	200			0-14	1285	> *	2113	2190		
	4.5	O COMPLETED CAU	RE OF DEATH (ITE	W 27) (Tex	(Infect)			_	11.	,		

WILLIAM D. BOYD, II, M.D., 17 JEFFERSON STREET, LEONARDTOWN, MARYLAND 20650

31. DATE FILED (MONTH, Day, 1984)

MAR 1 3 '90

MAR 1 3 '90 DHMH-16 Rev 1/89

MUSCHED AL DUTAR ETTERN SEE

1986 1/2 1884.0

Distant port in the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burfal, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR		SIMIL UP II	IARYLAND C				DEAT		IENIA	REG. NO.			
	1. DECEDENT'S NAME (First				74.					2. DATE	OF DEATH	Y	YEAR	3. TIME OF DEATH
	ELIZAB	CTH	NICK 5. SEX	CLSO.	N					3			90	2:4 PM
	M ·			6. AGE (In yrs. is	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.		OF BIRTH		6. BIRTH Countr	IPLACE (State or Foreign
	221-05-6914 10M28F 10					- Contract	- Danie	noons		6/12/19 MD.).	
	9e. FACILITY NAME (If not in	9e. FACILITY NAME (If not institution, give street and number)						OR LOCATIO	N OF DEAT	TH	,		NTY OF D	
P.	ST. JOS	ST. JOSEPH HOSPITAL					4	0.	MC	<u>). </u>		B	AC	TO.
<u> </u>	RESIDENCE OF DEC	10b. COUNTY	,		10c. C/1	Y, TOWN O	R LOCAT	TION					-	10d. INSIDE CITY
DIRECTOR	Maryland	Ra1t	imore			ltimo								LIMITS?
	10e. STREET AND NUMBER		Imore		Da	LCIIIC		. ZIP CODE				10a. CIT	ZEN OF Y	VHAT COUNTRY?
FUNERAL	1831 Crom	annal Ro	ad				1	21234				IIC	SA	
불	11. MARITAL STATUS	wood no	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. 1				C ORIGIN	t? (Specify Yee		14. RACE	- American Indian,
	1 Never Merried 2	Merried	FORCES? 1 IF YES, GIVE W	YES Z	NO	1	f yes, sp	ecify Cuber 2 NO	n, Mexican,	, Puerto	Rican, etc.)		Speci	k, White, etc.
B	3 📉 Widowed 4 🗌 Dive	proed	, , , , , , , , , ,					2/2	орошу.					White
G		EDENT'S EDUC			ECEDENT'S			ON ast of working	2	16b	KIND OF BUS	INESS/INC	USTRY	
E	Elementery/Secondary (College (1-4 or 5 +		e. Do NOT u	se retired.)	any no	or or worlding						
MP	12			H	Iomem	aker					1	Home		
COMPL	17. FATHER'S NAME (First, A	WW. ==									Middle, Malden			
BE	William H.		otte III								ws Ayd			
2	19e. INFORMANT'S NAME (ber, City or Town			
-	Irvin Ayde.									lma	r, De.			
	20e. METHOD OF DISPOSIT	ION on 3 - Remo	oval from State	20b. PLACE other (olace)				,		1	CATION —		own, State
	4 Donetion 5 Other			_ St.	Step			etery			Deli	mar,	De.	
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE //	. 1		22.		Ort E			Home,	Inc		
	wille	wim.	Skort	14.		1					elmar.		100/	40
	23. PART i. Enter the d					not enter								Approximate
	immediate cause (Fi	neart failure.	List only one cau				nie ilic	age of gain	ng, such	as can	unac or reap	ratory ar	reat,	
		nai		ise on each mi	ie.		uie inc	ide of dyl	ng, such	as can	unac or reap	ratory ar	reat,	interval Between Onset and Death
	disease or condition	nai	Sand									ratory ar	reat,	interval Between
		nal	a. June 10									ratory ar	reat,	interval Between Onset and Death
ž	disease or condition reaulting in death)	→	a. June TO									Tatory ar	reat,	interval Between Onset and Death
TION	disease or condition resulting in death) Sequentially list condition if any, leading to imme	tiona,	b		C	lum DF):						ratory ar	reat,	interval Between Onset and Death
ICATION	disease or condition resulting in death) Sequentially list condition	tiona, ediate	b	CUL (OR AS A CONSI	C	lun, DF):						iatory ar	reat,	interval Between Onset and Death
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COMPLETED BY PHYSICIAN: MEDICAL	disease or condition reaulting in death) Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS PART II. Other algnification and the cause and	pending Investigation Could not be determined TIFYING PHYSI	DUE TO C. DUE TO d. HOSPIFAL: 1 Impatient 2 28e. DATE OF (Month, D. 28e. PLACE O building,	(OR AS A CONSI (OR AS A CONSI	EQUENCE C EQUENCE C resulting 3 DOA 28b. Tilling	OF): OF): In the un OTHE: 4 Nur ME OF MURY M street, fact	26. Pl 28c. Ry 1	g cause g LACE OF DI me 5 Re JURY AT DRK? YES 2 Ce e end place, death occur	Part (Chece 8 No. 1) NO. 1	Lesson Color of the Color of the California of t	24a. WAS AN PERFOR 1 YES 2 or (Specify) SCRIBE HOW I CATION (Street or Fown, State)	AUTOPSY MED? NO NJURY OC and Number mer as ata d due to t	24b CCURED or or Rural sted. the couse(interval Between Onset and Death / & Man D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO Route Number,
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	FOR					STATE	OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYCIENE
_	STAT	E				OIMIL	The state of the s	HIGHLINE
_	REGI	STRAR					CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR			ERTH.	ICALE	O.	DEA			EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
- 1	David P.	Norris							Marc			990	7:30 AMM
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER	YEAR	IF UNDER	24 HRS.	7. DATE OF E		Ug I		PLACE (State or Foreign
- 1	27 9 7 0 5 6 5 0	17 M 2 - F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da	y, Year)	000	Countr	γ)
	218-12-5650	_ 66	1110.				May 3,19					d.	
	Se. FACILITY NAME (If not Institution, give s	treet and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH
8	Rt. 3, Box 30	07				Fro	stb	urg			A	lles	zany
5	RESIDENCE OF DECEDENT							A			-		,
DIRECTOR	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?
ā	Md. All	egany		E.	rost	hur	202						1 YES 2 TINO
اب	10e, STREET AND NUMBER	7					. ZIP COD	E			10g, CITI	IZEN OF W	VHAT COUNTRY?
FUNERAL	77. 2 P 20	\ F					0.7	~~~		1	~~		
빌	Rt. 3. Box 30							532				S.A	
5	11, MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN	YES 2	RMED NO					IIC ORIGIN? (S n, Puerto Rica		or No-	14. RACE Black	E — American Indien, k, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES					Specify		, ,		Speci	ite
	3 Widowed 4 Divorced	W.	W. 2									MI	irre
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. D	ECEDENT'S	USUAL OC	CUPATIO	ON at of world:	na	16b. KIN	D OF BUS	INESS/IND	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of u	se retired.)	uning mo	0, 0, 1,0,1,1,1		,	Dim o	G.		
립	773			Tire	Ruf	114	073		- 1	rire	60	•	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							HER'S NA	ME (First, Midd	le, Maiden	Sumame)		
	Arthur M.	Monnie					70	haa	Phil	74-			
BE	19e. INFORMANT'S NAME (Type/Print)	MOLLITS				10.							
2			۱'						Route Number, I	-			
74	Edith Norris	3		Rt.	39	Box	: 30	() E	rost	ourg	Me	d. 2	1532
	20e. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremetion 3 □ Rem	and the state	20b. PLAC	E OF DISPO	SITION (Nar	ne of cen	netery, crer	matory or		20c. LO	CATION -	City or To	own, Stats
	4 Donation 5 Other (Specify)	IOVER ITOM STREET	_ Smi	thsb	irg	Cre	mat	OPV		Sm	ith	shur	g. Md.
	21. SIGNATINGE OF FUNERAL SERVICE LA	CENSEE						SS OF FA	CILITY	-		0000	
	5110	11			10		4 70		T.		175		1/2
	Defen o.	Her			لا ا	urs	U P	unei	al He	ome,	PTC	osto	ourg, Md.
	23. PART 1. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finel	List only one ca	use on each ilr	10.						or respi	ratory sn	reat,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	e	CHROI CAP (OR AS A CONS	NIC L Dinor EOUENCE O	-)ISE	ASE POS	t a te					
TION	Sequentially list conditions, if any, leading to immediate	b		EOUENCE O	F):	ISE	ASE POS	tate					Client slid postil
CATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONS	EOUENCE O	F):	ISE	ASE	tate					Olisat sha basair
IFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CONS	EOUENCE O	F):	ISE -	POS:	t a te					
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONS	EQUENCE O	F): F):								
AL CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO	O (OR AS A CONS	EQUENCE O	F): F): in the un					a. WAS AN		24b	b. WERE AUTOPSY FINDINGS
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO	O (OR AS A CONS	EQUENCE O	F): F): in the un				Part I. 24		MED?	24b	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
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COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions it singular in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Nes 2 No 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined 10 CERTIFIER (Characteristics) 29e. CERTIFIER 1 CERTIFYING PHYS OF PERSON W	DUE TO C. DUE TO d. CARCING CARCING HOSPITAL: 1 Inpetient 2 28a. DATE O (Month, Inpetient) 28a. PLACE obditions BICIAN: To the best of the basis of th	O (OR AS A CONS O (OR AS A CON	EQUENCE O EQUENCE O Treaulting PROST 3 DOA 28b. Tilin IN death occur or investigation	F): In the un ATE OTHEF 4 Nurse BE OF JURY M street, factor red at the till on, in my o	26. Pt 1: 1: 25. Inling Hom 26c. INL WC 1	g ceuse LACE OF E ne 5 R NRY PROPERTY AT JUNE 2 See a sind place genth occur 29c. LICO	given in DEATH (Ch teeldence o, end due ured at the ENSE NUI	Part I. 24 1 eck only one) 8 Other (S) 28d. DESCR 28f. LOCATIC City or 3 to the cause(time, date snow	PERFOR YES 2 Decify) IBE HOW II ON (Street e own, State) e) end mer d place, sn	NJURY OCO	or or Rural in the cause(in TE SIGNED)	AD WERE AUTOPSY FINDINGS AMAILABLE PRINCE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, 8) and manner as stated.
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of the conditio	DUE TO C. DUE TO d. CARCING CARCING HOSPITAL: 1 Inpetient 2 28a. DATE O (Month, Inpetient) 28a. PLACE obditions BICIAN: To the best of the basis of th	O (OR AS A CONS O (OR AS A CON	EQUENCE O EQUENCE O Treaulting PROST 3 DOA 28b. Tilin No death occur or investigation TEM 27) (Type	F): In the un ATE OTHEF 4 Nurse BE OF JURY M street, factor red at the til on, in my o	26. Pt 1: 1: 25. Inling Hom 26c. INL WC 1	g ceuse LACE OF E ne 5 R NRY PROPERTY AT JUNE 2 See a sind place genth occur 29c. LICO	given in DEATH (Ch teeldence o, end due ured at the ENSE NUI	Part I. 24 1 eck only one) 8 Other (S) 28d. DESCR 28f. LOCATIC City or 3 to the cause(time, date snow	PERFOR YES 2 Decify) IBE HOW II ON (Street e own, State) e) end mer d place, sn	NJURY OCO	or or Rural in the cause(in TE SIGNED)	AD WERE AUTOPSY FINDINGS AMAILABLE PRINCE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, 8) and manner as stated.

41.2. VIII 100000 1 1000 SATURD OF STREET The state of the s

TO THE FUNCTION OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per finer within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF					MENTAL	HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)	Wile	ne 1	Noc	la	ع		2. DATE O MONTH	D.	5 9	AR O	8:10 P M
	2.5	SEX 6. AGE (In	yrs. lest birthdey) YRS.	IF UNDER	DAYS:	HOURS	MIN.	7. DATE OF	F BIRTH Day, Year) 3HO		BIRTHPLA Country) 1 SSOU	CE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give street CYOSS H RESIDENCE OF DECEDENT	•	9b. CITY							NONTROMES Y		
DIRECTOR	100. STATE 106. COUNTY Indiana Mars	hall		v, rown o ulver		ION	· ·				100	. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	316 South Plymouth	Street			101	21P COD				10g. CITIZEN		States
B≼	11. MARITAL STATUS 12. 1 Never Merried 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 XNO		If yea, sp		ın, Maxican	IC ORIGIN? n, Puarto Ric			Black, With Specify:	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12) 1 2		Give kind of the Do NOT u	work done se retired.)	CCUPATIO during mo	ON at of workl	ng			siness/indust		tate
BE COM	17. FATHER'S NAME (First, Middle, Last) William Roy Scott					18. MOT		ME (First, Mi		Surname)		
5	Charles M. Hodges									n, state, zip co pring		0905
	20s. METHOD OF DISPOSITION 1 General 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		PLACE OF DISPO	h. Ci	rema	tory			La	urel,		
	21. SHANATORE OF FUNERIAL SERVICE LICENS	in the second	las	22.				al Ho Sprin		c. Laurel	MD	20707
	23. PART I. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition		ch line.						ac or reap	iratory arrest	•	Approximate interval Between Onset end Deeth
NOI	sequentially list conditione, if any, leading to immediate	Metasta DUE TO (OR AS A	tic Gr	eas	+ (2						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C)F):								
PHYSICIAN: MEDICAL CE	PART ii. Other algnificant conditions of	ontributing to death bu	it not resulting	in the u	nderiyin	g cause	givan in		24a. WAS AMPERFO	RMED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIAN		OSPITAL:		ОТНЕ		ACE OF E	DEATH (Che	eck only one)			
	27. MANNER OF DEATH 1 Retural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TII		28c. IN.	IURY AT DRK?		6 Other	, , ,,	INJURY OCCUR	RED	
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm,	street, fac	L ctory, offic	•		28f. LOCA City of	TION (Street Town, State	and Number or .	Rural Route	Number,
COMPLE	29e. CERTIFIER 1 CERTIFYING PHYSICIAI (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowled On the basis of examination									ause(e) en	d manner as stated.
TO BE C	296. SIGNATURE AND BYLE OF CENTIFIER	OMPLETED CAUSE OF DEA				29c. LIC	SST (MBER		29d. DATE S	IGNED (Mo	onth, Day, Year)

S-PONIA LACCA (230 C240 Montrose Rd

Savidson-Randale

STUP NOW THE PILED (MONTH, CHIX YEAR)
MAR 1 9 '90

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi	y t	9
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-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the h	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLA	ND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE REG. N		30 1001	
1	DECEDENT'S NAME (First, Middle, Lest) John		Oliver-K	Ceogh		2. DATE OF DEATH MONTH March 26	1990	a. TIME OF DEATH 8:50 P M	
	4. SOCIAL SECURITY NUMBER 058-26-1459 98. FACILITY NAME (If not institution, give str	1√∑ M 2 □ F	74 YRS. MOR	UNDER 1 YEAR ITHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 4, 1		BIRTHPLACE (State or Foreign Country) [reland	
TOR	Kensington Garden	and and	-	Kensin			Mont	tgomery	
FUNERAL DÍRECTOR	Maryland Mon	tgomery		ington				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
ERAL	100. STREET AND NUMBER 10225 Kensington	Parkway, #7	10	10f	ZIP CODE	895		ed States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 X NO		city Cuban, Maxicar	IC ORIGIN? (Specify ' n, Puarto Rican, etc.) :	fee or No— 14	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S USU. (Give kind of work the. Do NOT use re Investip	done during mo- tired.)		166. KIND OF E	USINESS/INDUS	TRY	
NO.	17. FATHER'S NAME (First, Middle, Last)		111100012	,4001	18. MOTHER'S NAI	WE (First, Middle, Maid			
Ö	Bartholomew Keog	h				McDowel:			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		loute Number, City or 1		ode)	
2	Vera W. Oliver-K	eogh	Same as	3 10					
	20s. METHOD OF DISPOSITION 1	oval from State	other place of disposition of the place) Suburban Cr	ON (Name of cer			Location - ch Lver Sp	y or Town, Stata ring, Maryland	
	21, SIGNATURE OF FUNERAL SERVICE LIC	B. Ely	M00827	Rapp F	o ADDRESS OF FAC uneral S st Avenu	ervices, e, Silve	P. A. Sprin	g, MD 20910	
CERTIFICATION	shock, or heert feiture. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentisly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	DUE TO (OR AS		deno	carcin	oma o	flund	Interval Between Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other significent condition Eatou L Uvinary	g ceuse given in	Part i. 24a. WAS PERI 1 TYES	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO					
A.	J								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Check only one)						
IYS	1 YES 2 NO 27. MANNER OF OEATH	1 Inpetient 2 ER/Ou		URY AT	ence 8 Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED				
ВУ РЬ	1 Netural 8 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 🗆	PRK? YES 2 NO	0				
TED	3 Suicide 8 Could not be 4 Homicide determined	Dunding, etc. (Specify)							
COMPLETED	one)	CIAN: To the best of my kno						l. cause(a) and manner as stated.	
ш	296. SIGNATURE AND TITUE OF CERTIFIER	1/			29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)	
0	father "	5/1	- MIN		D2699	2	► Ma	rch 27, 1990	
5	30. NAME AND ADDRESS OF MERSON WH Kathryn S. Kirwin		DEATH (ITEM 27) (Type, Pr	1040	0 Connec	ticut Av	enue		
	31. DATE FILED (Month, Day, Year) WAR 2 7 90	32. REGISTRAR'S SIG	dron Randell		, , , , ,				



4	•	*	
		2,	
BALTIMORE, MARYLAND 21203-3146	etained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	
2	be re	age 5	
BALTIMORE	ours after death. Page 6 may	d in by the funeral director, pa	Or removal
4	15	ely fille	nation
F VITAL RECORDS, P.O. BOX 13146	SICIAN: The law requires that the death certificate be executed withmen a floor safer death. Page 6 may be retained by the hospital or attending physician.	ificate has been signed by the attending physician and complete	State Deat of Health and Mental Hunjene prior to hunjal crems
L	SICIA	Cert	h the

		90 10044 1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	, Carried	1. DECEDENT'S NAME (First, Middle, Last) Ollinger Ollinger, Sr. 2. Date of Death Month of Park Am
100)	4. SOCIAL SECURITY NUMBER 216-01-7177 5. SEX 6. AGE (In yrs. last birthday) 15. UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) 15. M 2 F 78 78 78 78 78 78 78 78 78 78
	стоя	Fallston General Hospital Fallston Harford Fallston General Hospital Fallston Fallston 90. COUNTY OF DEATH Harford
Pages	DIRECT	RESIDENCE OF DECEDENT 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE CITY LIMITS? 1 YES 2 TOWN OR LOCATION 1 YES 2 TOWN OR LOCATIO
sit permit.	RAL	106. STREET AND NUMBER 1421 Cheltenham Lane 107. ZIP CODE 21014 108. CITIZEN OF WHAT COUNTRY? USA
3146 ling physician. the burial-tran	BY FUNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Naver Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 15. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 16. Yes 2 No Specify Cuban, Maxican, Puarto Rican, etc.) 18. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 11. MARITAL STATUS 12. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, 15. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 16. Yes 2 No Specify: 16. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 17. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 18. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 19. Was DECEDENT
/LAND 21203-3146 by the hospital or attending physician. be detached for use as the burial-transit permit. at once.	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Meat Cutter 16b. KIND OF BUSINESS/INDUSTRY (Flow kind of working life. Do NOT use retired.) Food
# 8 K	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Jacob — Ollinger 18. MOTHER'S NAME (First, Middle, Meiden Surname) Herminà — Ascher Seaby
MARY be retained t ge 5 should e notified	TO B	196. INFORMANT'S NAME (Type/Print) Otto J. Ollinger, Jr. 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6218 Radecke Avenue, Baltimore, Md. 21206
ALTIMORE, 1 death. Page 6 may be funeral director, page examiner must be		20a. METHOD OF DISPOSITION 1 Gramation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other piece) Sacred Heart of Jesus Cemetery, Baltimore, Md.
		22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009
13146. sxecuted withing the s aftr and completely filled in by 10 burlal, cremation, or remonatic event, the medica	ERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reculting in death)
P.O. BO ith certificate tending physical Hygiene prior or other tr	ERTIFI	that initiated events reculting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):
requires that the desent signed by the at of Health and Ments shows any injury,	I: MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Scree Hypertension Carotid Artery Stemosis 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO
VITA SIAN: Th artificate he State	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
	ВУ	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be 26s. PLACE OF INJURY At home, farm, street, factory, office building, etc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State)
DIVISION 1. DR ATTENDING 2. DIRECTOR: After 3. hours after death 1. Nem 28 is ma	COMPLETED	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h	BE COM	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
6 6 8 M	10	Feter G. Pselweke-M.D. 02539 3/17/90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

who completed cause of Death (ITEM 27) (Type, Print)

148 ke M.D. 2/12 Belair Rd, Fallston, Md. 2/047 Peter J. Golueke M.D. 2

31. DATE FILED (Month, Day, Year)

MAR 1 9'90

32. REGISTRAR'S SIGNATURE

MAR 19'90

34. DATE FILED (Month, Day, Year)

MAR 19'90

35. REGISTRAR'S SIGNATURE

Jurason-Randella

BALTIMORE

BOX 13146 P.0. DIVISION OF VITAL RECORDS,

Transportation Tite.

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John J. O'Lessey Till Hi president at colrected bit fill I

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Mill Columbia Md., Mildoor Diev, E. 21043

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REC	G. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	Chilcutt				2. DATE OF OE MONTH	ATH 3/13/	90	3. TIME OF DEA	тн6:4
Katherine		O'Neal			3	13	90	6:43	PM
4. SOCIAL SECURITY NUMBER 212 - 16 - 7833	5. SEX 8. AG		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, Oct. 1,	Vane)	Counti	ryland	oreign
96. FACILITY NAME (If not institution, give street Memorial Hospita			96. CITY, TOWN Eas	OR LOCATION OF DE	EATH	9c. CO	Talbo		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY.	TOWN OR LOCA	TION				10d, INSIDE CIT	Y
Maryland Queen	Anne's		ntrevil	1e				LIMITS?	NO NO
104 North Liberty	Street		10	21617				NHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yes, s	CENDENT OF HISPAP pecify Cuben, Maxica S 2 X NO Specifi	n, Puarto Rican,		Black	E — American Ind k, White, atc. White	ien,
15. OECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	life. Do NOT use	ork done during m	ON ost of working		of BUSINESS/II Financi			
17. FATHER'S NAME (First, Middle, Last) Mordecai Medfor	d Chile		IIICE	18. MOTHER'S NA		Maiden Sumame,			
			,						
David C. Bryan	torney	A A SALE OF THE REST OF THE RE		n St., E				1601	
20e. METHOD OF OISPOSITION 1 X Burial 2 Cremation 3 Remo	717/90	Chesterfie	TION (Name of co	emetery, crematory or		Centre		own, State e, Mary	Land
21. SIGNATURE OF FUNERAL SERVICE LICE	mes H. Bar	ton, Jr.	22. NAME /	Barton F	uneral		11	MD 216	r 1 7
Sequentielly list conditions, if any, leading to immediste ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ASCUE DUE TO (OR A	R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF):							
deading in deading EAS!									
PART II. Other significent conditions DEMENTA, ATT			the underlyle	ng ceuse given in		WAS AN AUTOPS PERFORMED? YES 2 NO	24t	AWAILABLE PRIOR COMPLETION DE DF DEATH? 1 YES 2	R TO CAUSE
25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (C)	neck only one)			,,,,	
EXAMINER?	HOSPITAL:		OTHER:	me 5 🗆 Residence	8 Other (Spec	elfv)			
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO		HOW INJURY	OCCURED		
2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF INJUDUITIES DUILIDING, etc. (S	JRY — At home, farm, at Specify)	treet, factory, off	ice	28f. LOCATION City or Tow	(Street and Num n, State)	ber or Aurei	Route Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	HAN: To the best of my ki							a) and menner sa	stated.
296. SIGNATURE AND TITLE OF CENTRAL	LE NO			29c, LICENSE NU D3.5 Z	MBER 259	29d. D	ATE SIGNE	3/90	
30. NAME AND ODDRESS OF PERSON WHI	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	6 DUV	n J. O'K	eefe, M	J). I	Easto	D Z/L	21601 O /
31. DATE FILED (MORE) DRY, Year) '90	32. REGISTRAPES	Davidson-Rand	مالاك						

1	-	STATE	A
Г	1. D	ECEDENT'S	N

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	;	STATE OF MARY				HEALTH AND I	MENTAL HYGI REG.			
1. DECEDENT'S NAME (First	, Middle, Last)						2. DATE OF DEAT	1		3. TIME OF DEATH
Her	MAN	Miller		OR	eELL	, Jr.	MONTH	DAY 2	90	843 PM
4. SOCIAL SECURITY NUMBER			E (In yrs. las		F UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Yea	-)	6. BIRTH Countr	PLACE (State or Foreign y)
219-01-57	/3	XM 2 □ F	85	YRS.		ISWS, Inc.		04		yland
90. FACILITY NAME (If not in	-The E	iNES		°	E/	TSTON, M	1	The	1601	EAIH
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY
Maryland	Talbo	ot		Wy	e Mi	lls				LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER						10f. ZIP CODE		10g. CI	TIZEN OF V	VHAT COUNTRY?
Route 1, 1						2167			J.S.	
11. MARITAL STATUS 1 Never Married 2 X		FORCES? 1 Y	S 2 X	MED IO	If yes	DECENDENT OF HISPAI , specify Cuban, Mexica	n, Puarto Rican, atc			E — Americen Indien, c, White, etc.
3 Widowed 4 Div	The second secon	IF YES, GIVE WAR OF	DATES		1 0	YES 2X NO Specif	у:		Speci Wh:	ite
15. DEG (Specify on	CEDENT'S EDUCATI	ION npleted)	/G	CEDENT'S US	k done during	ATION most of working	16b. KIND OF	BUSINESS/IN	IDUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	1445	Do NOT use i	in i					
8 17. FATHER'S NAME (First, A	dicirlia I net)		Ca	arpen	ter	16 MOTHER'S NA	ME (First, Middle, Ma	rpent	cry	
Herman Mi		rrall S	r				a Wolco			
190. INFORMANT'S NAME (1611		b. MAILING A	DORESS (Str	eet and Number or Rural			(Ip Code)	
Ruth S. O:	rrell		1	Rt. 1	Box	81 Wye	Mills,	MD	216	79
20g. METHOD OF DISPOSIT	TION 3 /] on 3 Remova	5/90 1 from State	other pl	of disposit		cemetery, crematory or		ye M:		
21. SIGNATURE OF FUNERA	AL SERVICE LICEN	SEE		, .	22. NAM	E AND ADDRESS OF FA	CILITY	-		,
> —	. 7	~ E =				wnam Fun		me		
23. PART I. Enter the c		nplications that ceu				mode of dying, suc		espiratory e	rrest,	Approximate
ahock, Dr I IMMEDIATE CAUSE (FI		t Dnly Dne cause D	n eech line		1					Interval Between Onset and Deeth
disease or condition	→ .	10pm	45	[and		in Dune				
reaulting in death)	4	DUE TO DR	S A CONSE	QUENCE A):	2 1) + 1				. 116
Sequentially list condi	tions b.	cener	2etu	re "	he	ail -	melen	2		Las
if any, leading to imme	ediate	DUE TO (OR	S A CONSE	QUENCE OF):	ah:		Dave.	0-	1000	44
CAUSE (Disease or Inj		DUE TO (OR A	S A CONSE	OUENCE OF):	MIL	car	or or or Th	wer v	and	ne l.
resulting in death) LAS	ST									
PART II. Other algnific	ent conditions	contributing to deel	h hut not i	meulting in	the under	lying cause alven in	Bort I 24s W	S AN AUTOPS	v 24	. WERE AUTOPSY FINDINGS
		meak		iosaiting in	the dilder	lying couse given in	PE	REPORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
COPY	7						¹ □ YI	S 2 1 10		DF DEATH? 1 YES 2 NO
							_ 1		- 1	1 1E3 2 NO
25. WAS CASE REFERRED	TO MEDICAL				2	6. PLACE OF DEATH (C	heck only one)			
EXAMINER?		IOSPITAL:	Outpatient 3	DOA	OTHER:	Home 5 - Realdence	6 Other (Specify	,		
27. MANNER OF DEATH		28s. DATE OF INJU (Month, Day, Ye		28b. TIME INJU		: INJURY AT WORK?	28d. DEŞCRIBE H	OW INJURY C	CCURED	
1 Abetural 5 2 Accident	Pending Investigation					YES 2 NO				
3 Suicide 6 4 Homicide	Could not be determined	28a. PLACE OF INJ building, etc. (URY — At he Specify)	ome, form, str	reet, factory,	office	26f. LOCATION (S City or Town,		ber or Rural	Route Number,
29e. CERTIFIER 1 X CE	TIFYING PHYSICIA	N: To the best of my is	nowledge, d	ath occurred	at the time.	date end place, and du	e to the cause(s) an	f manner as s	tated.	
CONTROL OTHY			Successful Control N							a) end manner ee stated.
THE NIGHT WHE AND TITL	E OF SETTIFIER	1	-/			29c. LICENSE NU	IMBER	29d. D	ATE SIGNE	D (Month, Day, Year)
Clebut	The	notin	X	\sim		D787	2	•	3-1	4-90
20 NAME AND ADDRESS	DE PERSON WHO	COMPLETED CAUSE OF	DEATINITE	M 27) /Sept. 5	Orient)			_		

Jr.

M.D.

508

Idlewild Ave., Easton MD

Dawkins,

TO THE FUNERAL DIRECTOR: After this cartificate has been certificate be executed

TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician.

TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and compared in the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, IMPREMENT IN them 90 to the compared of the compared in the compared of the compar DIVISION OF VITAL RECORDS, P.O. BOX 13146.

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Albert

T.

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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ALF	The law
OF VI	PHYSICIAN.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within
ō	SPITA! O

BE

EJ Guy

£ J Coloucil
31. DATE FILED (Month, Day, Year)

MAR 2 8 '90

MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

540

22. REGISTRAR'S SIGNATURE

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** THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit perm	ithin	sepontant, is them 20 is marked or them 22 shows any interes or other bearings away the marked available he notified at once
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		FOR 1 - STATE	STATE OF MARYLAND	DEPARTM	ENT OF H	IEALTH AND I	MENTAL HYGIEN		90 10048
		REGISTRAR	C	ERTIFIC	ATE OF	DEATH	REG. NO	i.	
		1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	MARTHA EL 5. SEX 6. AGE (In yrs. le		ULLIPS UNDER 1 YEAR	Les courses as time	3- 24-	1990	2:25 P M
(P)		213-14-1240	1 □ M 2 🕱 F 91	1401	THS DAYS	IF UNDER 24 NRS. HOURS MIN.	(Month, Day, Year) 4-4-18		BIRTHPLACE (State or Foreign Country) MARYLAND
2.	OR	98. FACILITY NAME (If not institution, give stre RIVERWALK MANOR		96.	SALISI	OR LOCATION OF DI	EATH	WICC	OF DEATH OMICO
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY			WN OR LOCAT				10d. INSIDE CITY LIMITS?
permit.	FUNERAL D	MARYI.AND WTC	OMICO	J SAI	ISBURY 101	1. ZIP CODE		10g. CITIZEN	1 X YES 2 □ NO OF WHAT COUNTRY?
an. ransit	当	JOHN B. PARSONS				21801			USA
21203-3146 al or attending physician. for use as the burial-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 XXWidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	RMED NO	It yes, sp		NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:		RACE — American Indian, Black, Whita, atc. Specify:
3-3 as th	ED E	15. DECEDENT'S EDUC	ATION 40 D	FORDENTIA HOU					WHITE
- P	COMPLETE	(Specify only highest grade of Elementary/Secondary (0-12) 6 YEARS	College (1-4 or 5+)	ECEDENT'S USU Give kind of work a. Do NOT use rel ACTIAL	done during mo ired.)	ost of working	166. KIND OF BU		RY
AND the hospit detached	M	17. FATHER'S NAME (First, Middle, Last)	PK	ACTIAL	NUKSE	48 MOTHER'S NA	ME (First, Middle, Maiden		
YLA d by the id be de	BE C	REV. ALBERT	LEROY BREWIN	GTON		ESTH			VILLIAMS
MARYLAND be retained by the hosp ge 5 should be detached e notiffed at once.	10	19a. INFORMANT'S NAME (Type/Print) ELAINE PETERSON					SALISBURY,		
ORE, I e 6 may be ector, page must be		20e. METHOD OF DISPOSITION 3/2 1 M Burlel 2 Cremetion 3 Removed Department 5 Other (Specify)	7/90 20h PLACE		N (Name of cor	metery cremetory or	20c. LC	AD POIN	or Town, State
BALTIMORE, I ler death. Page 6 may be the funeral director, page had.		21. SIGNATURE OF FUNERAL SERVICE LICE	Hellocec	cer			ERAL HOME, L RD, SALI		MD 21801
hin 24 nours after they filled in by mation, or remoti, the medical.		23. PART I. Enter the diseases, or or shock, or heert failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)		eath Do not	enter the mo	ode of dylng, suc	h se cardiac or reap	iratory srreat	Approximats interval Between Onset and Death
4 8 9 2 . 0	N	Sequentially list conditions,							
OX e be sician prior t	CATIC	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CONSE		mo Sel	eros -	astronard		
O. h certing Hygie	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE						
CHDS, P that the deat ed by the atte th and Mental any Injury.		PART II. Other significent conditions	contributing to death but not	reaulting in ti	ne underlyin	g cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
RECC v requires been sign r. of Heal	V: MEDICAL						1 _ YES :	2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
has be land	IA	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Ch			
SICIAN: The is certificate has the State De the State De t, or them 2	PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient				8 Other (Specify)		
O PH sight s	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
ISIO TTENDI TTOR: A after d	ETED B	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At h building, atc. (Specify)	ome, farm, stree	t, factory, offic	ca .	281. LOCATION (Street City or Town, State	and Number or I	Sural Route Number,
OB OBB	IPLE	one) —	IAN: To the best of my knowledge, d						
E HOSPITAL E FUNERAL d within 72 I	COMPL		t: On the basis of examination and/or	Investigation, in	my opinion, o				
H H & E	ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE St	IONEO (Month, Day, Year)

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Solohum, Ma

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3-26-90

	2	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	0	5	AL	REC	ORC	S,	9	. 8	X 13	146,		0	ALTI	MOR	e ui	BALTIMORE, MARYLAND	LAN	0
) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	L OR A	TTENDING	PHYSI	CIAN:	The la	w requir	s that	the de	ath ce	ntificate	be exec	rted within	10U 57	urs after	death. P	age 6 mg	ay be	etained b	y the !	hosp
) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	DIREC	TOR: Afte	r this c	ertifica	ite has	been sig	aned by	the at	tendir	Skyd Bu	iclan and	complete	y filled	in by th	funeral	director,	page	should l	e deta	oche
ified within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	hours	after deal	h with	the St	ate De	ot. of He	alth and	Ment	at Hy	giene pr	nor to bu	nal, crem	tion, or	remova	_					
APORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Item	28 is m	arked,	07 16	em 2	3 show	s any	injury	10	other 1	raumat	c event,	the m	edical	examin	er must	be n	otified	one is	6

FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	RTMENT OF H		MENTAL HYG						
1. DECEDENT'S NAME (First, Middle, Last)		0			2. DATE OF DEAT	TH DAY	YEAR 3.	TIME OF DEATH			
i I	Harry J.	- Sc	llswe		March	16.199	O	9:00 A M			
4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI (Month, Day, Ye	d d	8. BIRTHPL Country)	ACE (State or Foreign			
213-24-2034	1 ▼ M 2 □ F	79 YRS.	MONTHS DAYS	HOURS MIN.	April 1			and			
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWH (R LOCATION OF DE	ATH	9c. COUN	TY OF DEAT	гн			
PENINSULA GENER RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland Worce				SBURY, N	MARYLAND		WICOM	ICO			
100. STATE 10b. COUNT			ry, TOWN OR LOCAT				16	d. INSIDE CITY LIMITS?			
	ster	Wha	leysvill					X YES 2 NO			
10e. STREET AND NUMBER 8101 Old Ocean Ci 11. MARITAL STATUS 1 Never Married 2 Y Married	ty Road		100	. ZIP CODE 1872		10g. CITIZ		AT COUNTRY?			
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ABMED		ENDENT OF HISPAN				American Indien,			
	FORCES? 1 []			2 NO Specify		2.)	Specify:	Yhite, etc.			
3 Widowed 4 Divorced				Λ			- M	Mite			
15. DECEDENT'S EDI (Specify only highest gred	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTF										
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 11 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Preside			Hardw	are Com	nanv				
17. FATHER'S NAME (First, Middle, Last)		11200140		18. MOTHER'S NA	ME (First, Middle, M.		parry				
				Annie C	ollins						
19a INFORMANT'S NAME (Time/Print)		19b. MAILIN	G ADDRESS (Street of			or Town, State, Zip	Code)				
Mabel P. Powell			Old Ocea					ID 21872			
20s METHOD OF DISPOSITION	name of the Control	20b. PLACE OF DISPO	SITION (Name of cer			c. LOCATION — C					
4 Donation 5 Other (Specify)	noval from State	Dale Ce	metery		W	haleysv	ille,	MD			
21. SIGNATURE OF SUNERAL SERVICE L	ICENSEE	_	Has	tings Fu	neral Ho		75				
23. PART I. Enter the diseases, or	complications the	ward the death. Do		byville,				Approximate			
ahock, or heart failure IMMEDIATE CAUSE (Finel disease or condition	List only one cause	on each line.		ao or aying, sao		ouplied y	y weg	Interval Between Onset end Deat			
resulting in death)	DUE TO OR	AS A CONSEQUENCE O	OF):	.,							
Sequantielly list conditions,	b. DUE TO (OR	AS A CONSEQUENCE O	OF):								
Sequantielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CAUSE (Disease or injury										
that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
resulting in death) LAST											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. V										
PART II. Other agrinicant conditions continuously to death out not resulting in the underlying causa given in Part 1. 248, MS ANAU 10957 PERFORMED? 1 □ YES 2 NO								ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE			
								F DEATH?			
77,725.2											
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
EXAMINER? HOSPITAL: OTHER: YES 2 NO Winpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJ	E OF INJURY 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED									
1 A rendered	(Month, Day, Year) INJURY WORK?										
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Rouce City or Town, State)											
(Orack oray	29e. CERTIFIER A CERTIFYING SHYSICIAN, To the hand of										
one) 2 MEDICAL EXAMIN	IER: On the basis of exam	ination end/or investigat	lon, in my opinion,	leath occured at the	time, date and pla	ce, end due to the	e ceuse(e) d	nd manner ee stated.			
29b. SHIMATURE AND TITLE OF CERTIFI	ER /			29c. LICENSE NU	MBER	29d. DATE	E SIGNED (A	fonth, Day, Year)			
hen h	Upp			D192	78	•	3/16	190			
30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE C	of DEATH (ITEM 27) (Type 16 of Signature Parks)	e, Print)	11 C+ (Cal M.I	210	201				
31. DATE FILED MINE (Day, Mar)	32. REGISTAR'S	SIGNATURE	···urn	001.	2001 1. CO	, 01/0	9/				
MAR 1 9 9(Guha	Davidson Alex	wheth.								

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23 shows any injury, or other

Item

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28 is marked,

IMPORTANT:

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31. DATE FILED (Month, Day Year)

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e executed within Nations after death. Page 6 may be retained by the hospital or attending physician. In and completely filled in by the funeral director, page 5 should be detached for use as the hursaland to burial, cremation, or removal law requires that the death certificate be executed within signed by the attending physician Health and Mental Hygiene prior to this certificate has been with the State Dept. of I The HOSPITAL DR ATTENDING PHYSICIAN: FUNERAL DIRECTOR: After this within 72 hours after death wir RTANT: If Item 28 Is marke THE F THE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. FOR STATE REGISTRAR 1 -2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) MARCH 9. MILDRED **PARKER** 1990 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1 M 2 F Va. xmore 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION 1 YES 2 NO Acemac Va Va, Acemack 10g CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101. ZIP CODE FUNERAL U.S.A. 23301 Vai Acemac 12. WAS DECEDENT EVER IN U.S. RMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indien, Black, Whits, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Nos, specify Cuben, Mexican, Puerto Rican, etc.) Never Merried 2 Merried
Widowed 4 Divorced 1 YES 2 NO Specify. BY Blac 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Oche kind of work done during most of the Daylare Nother (Specify only highest 4 College (1-4 or 5+) DayCare Center ndary (0-12) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle Margert S. Richardson Contra BE 18b. MAILING ADORESS (St 19e, INFORMANT'S NAME (Type/F 2 MD Managent S 20b. PLACE OF DISPOSITION (Name Cremetion 3 - Rem HARMEN FAMILY CEMETERY 4 Donstion 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNAPURE-OF FUNERAL SERVICE LICENSEE FOOKS FUNERAL HOME MD2180 (WEST ROAD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. **Approximate** shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition METASTATIL 3 minths BREAST CANCER resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO DE DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA me 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nursing Ho 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 26b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcida 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 2 🔲 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurad at the time, date end piace, end due to the cause(s) and manner as stated. 296. SIGNATURE AND THTLE OF CERTIFLE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 3/9 out 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D 1000 TT ·N·Wolfe Balto.

32. REGISTRANES SIGNATURE

25 at 135 1 1 1 5 of the fire instance of Washing Daniel L. and order

31. DATE FILED (MONEY, Day, Year) '90

	FOR 1 - STATE REGISTRAR	STATE	OF MARYLA				EALTH AND I	MENTAL HYG REG.				
,	1. DECEDENT'S NAME (First, Mid	ddle, Last) HARLES	J	τ.	Р	AYNE,	JR.	2. DATE OF DEAT MONTH 3-13-9	DAY	YEAR	3. TIME OF DEATH 9:50PM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (II	n yrs. last birth		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI		8. BIRTH Countr	PLACE (State or Foreign	
	220-68-7607 9e. FACILITY NAME (# not institu	1 M 2		31 "	RS. MONTH		HOURS MIN.	May 10,	1958	1000000	yland	
œ					90.0		sbury	ain			co Co.	
ᅙ	Peninsula General Hospital Salisbury Wicomico Co											
ည္က	10e. STATE 10b. COUNTY			100	c. CITY, TOW	N OR LOCAT	ION			10d. INSIDE CITY		
. DIRECTOR	MD Somerset			Princess Anne				1 YES 2 X NO				
ERAL	Sherry Lane & Mt. Vernon			Rd.		101	21853		10g. Cf	10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF			U.S. ARMED 2 X NO		If yes, sp	ENDENT OF HISPAN scify Cuben, Mexica 2 NO Specify	n, Puerto Rican, etc		14. RACE — American Indien, Black, White, atc. Specify: White		
ᇜᅵ	15. DECEDE	ENT'S EDUCATION		16a. DECEDE	ENT'S USUAL	OCCUPATION	ON .	16b. KIND O	F BUSINESS/IN	IDUSTRY		
COMPLETED	(Specify only hig Elementary/Secondary (0-12)	ghest grade completed) College (1	-4 or 5+)	(Give kir life. Do h	nd of work do VOT use retire	ne during ma d.)	st of working					
립	H.S. Fraduate			Insta	llati	on Co	ntractor		arpet			
8	17. FATHER'S NAME (First, Middle						18. MOTHER'S NA	ME (First, Middle, M	aiden Surname)			
BE C	Charles J						Suza	nne Daug	herty			
၉	190. INFORMANT'S NAME (Type/Print) Deborah A. Payne			4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			abcd		r Town, State, 2	Zip Code)		
	204, METHOD OF DISPOSITION	-	20b.	PLACE OF D	ISPOSITION	(Name of ce	netery, crematory or	20	c. LOCATION -	- City or To	wn, State	
	1 Description 2 Cremation 4 Donation 5 Other (So.	3 Removal from S	tate	other place)			al Park			_		
	21, SIGNATURE OF FUNERAL SI			unnyrı			D ADDRESS OF FA	CILITY	Crisf:	rera.	MD	
	1	JH 73.	11	4			lshaw & S		eral Ho	ome		
							W. Main					
	23. PART I. Enter the dises shock, or heer IMMEDIATE CAUSE (Final disease or condition resulting in death)	t failure. List only o		inshot	woun		de of dying, suc	h as cardiac or	respiretory a	errest,	Approximate interval Between Onset end Death	
CERTIFICATION	Sequentially list condition if eny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	DUE TO (OR AS A									
	PART II Other significant	conditions contribu	ting to death h	ut not requi	iting in the	underhile	a cause abon in	Dart i 24a W	LE AN AUTTORE	v 24b	WERE AUTOPSY FINDINGS	
B	PERFORMED? A						AVAILABLE PRIOR TO COMPLETION OF CAUSE					
								XXX	ES 2 NO		OF DEATH?	
×								_		X	XXI YES 2 □ NO	
Ž												
ᅙ	25. WAS CASE REFERRED TO M EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
୍ଥ	X YES 2 NO		ent 2 FR/Outp	atient 3 🗆 C			ne 5 🗆 Residence	S Other (Specific	1)			
PHYSICIAN: MEDI	27. MANNER OF DEATH	10000	DATE OF INJURY Month, Day, Year)	28	b. TIME OF INJURY	28c. IN.	JURY AT ORK?	28d. DESCRIBE	IOW INJURY C	CCURED		
B	1 Natural 5 Per 2 Accident		-13-90		:50PM			subject	shot			
	3 Suicide 8 Cor	PLACE OF INJURY building, atc. (Spec	RY — At home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Ro					Route Number, Rd.Princess				
<u> </u>	AND SAMANAS IN MIL											
COMPLETED	one)										a) end menner as stated.	
	DOL SHENATURE AND TITLE OF	company AA	1	1			20c HCENEE MIN	MRER	204 0	ATE SIGNES	(Month Day Year)	
8/	Hours =	Tall	1	29c. LICENSE NUM OCME					4-90			
24	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) MAD TO F. COVI F. TB. MD. 21 201											

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A Joseph J. Harden L. C.

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	GRACE EC	CSON	PATERSO	N	2. DATE OF D MONTH	EATHMAR. 21	90	3. TIME OF DEATH 3: 30 PM	
) H	364-68-4330	SEX 6. AGE (In	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		Year) 5, 1907	8. BIRTHPLACE (State or Foreign Country) PA			
	99. FACILITY NAME (If not institution, give street and number) WASHINGTON ADVENTIST HOSP T.				R LOCATION OF OE IA PARK	ATH		UNTY OF DI		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		ITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
	MD . MONTG(5.	SILVER SPRING 101. ZIP CODE			10g. CI	/HAT COUNTRY?			
FUNERAL	10115 McKENNEY AVE.			20902 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye)				U.S.A.		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	, WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR OAT	2 XNO	If yes, spe	ecity Cuban, Mexican 2 NO Specify	n, Puerto Rican,	etc.)	e or No- 14. RACE — American Indian, Black, White, atc. Specify: WHITE		
TED	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most	N st of working	186. KINI	OF BUSINESS/II	DUSTRY		
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+) 2 HOUSEW					AT	HOM	E	
CON	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAI					
B	JOHN 19e, INFORMANT'S NAME (Type/Print)	GRAVER	19b. MAILING AD	DRESS (Street a	MAGD nd Number or Rural F	ELLA Route Number, C		NDWER	K	
10	JOHN D. PATE	ERSON	Rt2 I	30X 212	. CANTO	N. N.	CAROLIN	A 28	716	
	20e. METHOD OF OISPOSITION 1 □ Burlel 2 ☑ Cremalion 3 □ Remova 4 □ Donation 5 □ Other (Specify)	from State	PLACE OF DISPOSITION Other place) CHAMBERS		netery, crematory or IATORY		20c. LOCATION -		wn, Slate E , MD .	
					22. NAME AND ADDRESS OF FACILITY					
	21.91. (Ka	Merson	M00091	W. W	. CHAMBE	RS CO.	INC.,	SILVE	20910 R SPRING,MD.	
	23. PART I. Enter the diseases, or com ahock, or haert feliura. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)			enter the mo	de of dying, suc	h es cardiec	or respiratory e	errest,	Approximata Interval Between Onset and Daath	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Carefroid									
MEDICAL	PART ii. Other significant conditions of	contributing to death bu	it not reaulting in	ha undarlyin	g cause given in		WAS AN AUTOPS PERFORMED?	Y 24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	OSPITAL:		THER:	ACE OF OEATH (Ch		16.3			
Y PHYSICIAN:	27. MANNER OF DEATH Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	29b. TIME C	F 28c. INJ	URY AT DRK? YES 2 NO		BE HOW INJURY O	OCCURED		
TED BY	2 Accident investigation 3 Suicide s Could not be determined 2se. PLACE OF INJURY — Al home, ferm, street, building, etc. (Specify)				eel, fectory, office 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as attated.									
TO BE C	Peter S Birk, MP 296. LICENSE NUMBER 296. LICENSE NUMBER 3/26/9						6/90			
-	Peter Si Birk, MD 7600 CARROLL AVE, TAKOMA PK, Md.									
	31. DATE FILED (MONTH), Day, Year) MAR 2 8 '90 32. REGISTRAR'S SIGNATURE Fulle Davidson Randoll									

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transit permit; Pages 1, 2, 3 should

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Amours after death. Beging the hospital or ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Amours after death. Be may be ratained by the attending physician and completely lifed in by the funeral director, page 5 should be detach be fined within 72 hours after death with the State Dept. of Health and Mertial Hyghen prior to burlial, cremition, or removal. [MINDORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI CERTIFIC			MENTAL HYGIE				
i	1. DECEDENT'S NAME (First, Middle, Lest)	1				2. DATE OF DEATH MONTH	DAY YE	EAR	IME OF DEATH	
1		5. SEX 6. AGE (In yrs. lost birthday) IF UNDER 1 YEAR IF UNDE				March 18, 1990 1020 C. M s. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign				
		10 M 2 D F 50		ONTHS DAYS	HOURA MIN.	(Month, Day, Year)		Country) WY		
7	9e. FACILITY NAME (If not institution, give stre			b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	OF DEATH		
0 R	Anne Arundel Me	dical Cent	er	Anna	Polis		Ann	e A	rundel	
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION				INSIDE CITY	
띰	Md A.	Α.	A	napo	olis				YES 2 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER		1101. ZIP CODE 21403					COUNTRY?		
NE	105 Edelman	U.S. ARMEO	13. WAS DEC			U.S.A. (Specify Yee or No— 14. RACE — American Indian,				
*	1 Never Merried 2 Merried	FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO	If yee, spe		n, Puerto Rican, atc.)				
DO	3 Widowed 4 Divorced	Vietnam	44- 05050511710 110					hite	•	
dia	15. DECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	SUAL OCCUPATION k done during monetired.)	st of working	16b, KIND OF B	USINESS/INDUST	:RY		
劉	12	Detec	ctive		A.A.C	o. Pol	ice	Dept.		
COMP	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide	on Surname)			
BE (William Panta	T		Mary K						
2	190. INFORMANT'S NAME (Type/Print) Sandra Pantal:	i				oute Number, City or R			21403	
	20e. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSIT				OCATION — City			
	1 Removal from State 4 Donation 5 Other (Specify) A Removal from State A Removal from									
	29 STONATURE OF FUNERAL SERVICE LICE	HSEE //	_	Tavlo	r Funer	al Chap	el			
	Tinalof X.	Juster		147 G	loucest	er St.,	Annapo		MD 2140]	
	PART i. Enter the diseases, or co shock, or heart failure. L	mplications that caused lat only one cause on ea	tha daath. Do not ch line.	enter the mo	de of dying, suci	n aa cardiac or raa	piratory arrest	,	Approximata intervai Between	
	iMMEDIATE CAUSE (Final disease or condition	14000	2011. 0					l	Onset and Death	
	disease or condition a. Lymptom A OUE TO (OR AS A CONSEQUENCE OF):								JYES	
Z										
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
FIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	reaulting in death) LAST									
	PART ii. Other aignificant conditions	contributing to death bu	it not resulting in	the underlying	cause given in	Part i. 24a. WAS	AN AUTOPSY	24b. WEF	E AUTOPSY FINDINGS	
MEDICAL		-				4 17 Mars of 171/10		LABLE PRIDR TO IPLETION DF CAUSE		
MED									DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (Che					
HYS	1 TYES 2 TATO 27. MANNER OF DEATH	1 Enpatient 2 ER/Outpa	28b. TIME	OF 28c. INJ		8 Other (Specify) 28d. DE\$CRIBE HOV	Y INJURY OCCUP	ED		
ВУ Р	1 Natural 5 Pending	1 Netural 5 Pending (Month, Day, Year) INJURY WORK 1 YES								
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, stri	eet, factory, offic	•	28f. LOCATION (Stree City or Town, Ste	et and Number or te)	Rural Route	Number,	
COMPLETED	4 Homicide determined									
MPL	29a. CERTIFIER (Check only one) 4 APPICAL EXAMPLE OF The best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee atsted.									
O	2 MEDICAL EXAMINEN: On the desire of examination end/or investigation, in my opinion, death occured at the time, date end piece, and due to the ceuse(e) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Hara I	m/		29c. LICENSE NUM	- 1	29d. OATE S	IGNED (Mor	nth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								, —	
	BARRY R. NATHANSON M.D. SI FRANKLIN ST. ANNAP., M.D.)	
	31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGNA	ATURE							

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed with	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pair be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must by
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REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO	0.		
1. OECEDENT'S NAME (First, Middle, Las	in S. Pa	ashken	rich	2. DATE OF DEATH	× - 92	S. TIME OF DEATH 11:37 A M	
4. SOCIAL SECURITY NUMBER 578–42–0878	5. SEX 6. A	77 pag	F UNDER 1 YEAR F UNDER 24 HRS. NONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) England	
Southern Maryland Hospital			9b. CITY, TOWN OR LOCATION OF Clinton	DEATH	9c. COUNTY		
RESIDENCE OF DECEDENT						Taxa in taxa and	
						10d. INSIDE CITY LIMITS?	
Md.	P.G.	Ter	mple Hills			1 TES XXXIVO	
6718 Birch Lane			101. ZIP CODE 20748		10g. CITIZEN OF WI		
11. MARITAL STATUS 1 Never Married 22 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	er in u.s. armed /es XXIno ir dates	13. WAS DECENDENT OF HISP If yee, specify Cuben, Mexi 1 YES XX NO Spe	can, Puerto Rican, atc.)	es or No 14.	RACE — American Indian, Black, While, atc. Specify Write	
15. DECEDENT'S EI (Specify only highest gra	DUCATION	16a. DECEDENT'S U	ISUAL OCCUPATION	16b. KIND OF B	USINESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during most of working retired.)				
12	0	Homemal	ker	Own	Home		
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Meide	on Surname)		
Arthur Setters			Lily N	loble			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or Run		own, State, Zip Co	ode)	
Tony Pashkevich	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	as 10a-10f.				
20a. METHOO OF DISPOSITION	· T		TION (Name of cemetery, crematory of	y 20e 1	OCATION — CIfy	or Town, State	
1 Nursel 2 Cremetion 3 Re	amoval from State	other place)	Teterans Cemete		THE ST	m, Maryland	
21. SIGNATURE OF FUNERAL SERVICE	UCENSEE - 10	Harytana (FACILITY TOO EN	Treming	Jomo The	
21. SIGNATURE OF FUNEYAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton Maryland 20735							
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significent condit	ions contributing to dee	nn but not resulting ii	n the underlying cause given	PERF.	AN AUTOPSY ORMED? 2 1 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINED 1 26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one)							
1 P ES 2 NO	1 Inpatient 2 ER/			5 Residence 6 Other (Specify)			
27. MANNED OF DEATH	28a. DATE OF INJU	URY 286. TIME bar) INJU	OF 28c. INJURY AT WORK?	28d. DESCRIBE HOV	V INJURY OCCUI	RED	
1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO)			
2 Accident 3 Suicide 4 Homicide 28a. PLACE OF INJURY — At home, farm, street, factory, office 28c. Centrifier (Check only one) 28c. CERTIFIER (Check only one) 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. Centrifier (Check only one) 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. Centrifier (Check only one) 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. Centrifier (Check only one) 28c. CERTIFIER (Check only one) 28c.						lural Route Number,	
29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. ### MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFICATION 29c. LICENSE NUMBER D21230 29d. DATE SIGNED (Month, Day, Year) 3-17-90							
Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Camp Springs, MD 20							
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					
1110 26 100	A. O. Tris	Ann- Randall					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

burlal-transit permit. Pages 1, 2, 3 should

physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be fied within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notified at TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

MAR 27 90

The REGISTBAR'S SIGNATURE Fund Davidson-Randall

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)		541	AED.	2. DATE OF DEATH		
	Harry 4. SOCIAL SECURITY NUMBER	Layman 5. SEX 6. AGE	PALI (In yrs. lest birthday) F	VIER UNDER 1 YEAR IF UNDER 24 MRS.	7 DATE OF BIRTH	5,1990	M RTNPLACE (State or Foreign
	214-09-7979 9e. FACILITY NAME (If not Institution, give str		// YRS.	THS DAYS HOURS MIN.	Feb. 9, 1913	9c. COUNTY OF	aryland
2	Rt.1 Box#201 (Fa	-		Williamsport	EATH		INGTON
DIMECTOR	10e. STATE 10b. COUNTY	ington		own or Location i amsport			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER Rt.1 Box#201 (F			101. ZIP COOE 21795		10g. CITIZEN O	F WNAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 — YES 2 X NO Specifi	an, Puarto Rican, etc.)	or No— 14. R.	ACE — American Indian, llack, Whita, atc. pectly; White
SETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)			JAL OCCUPATION done during most of working tired.) tal Worker	166. KIND OF BUS	ody Repa	
MDS.	17. FATHER'S NAME (First, Middle, Last) Albert Luther P	almer	Sheet Me		AME (First, Middle, Maiden		Gigeous
10 85	190. INFORMANT'S NAME (Type/Print) M. Norine Palmer	d mer		oness (Street and Number or Rural	Routa Number, City or Tow		
	28a. METNOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo	val from State	Green awn	Name of cometery, crematory or Memorial Park		cation — chy o	r Town, State ort, MD 21795
	21. SIGNATURE OF FUNERAL SERVICE LICE	h		22 NAME AND ADDRESS OF FUNE USBOTHE FUNE P.O.Box # 34		port,MD	21795
	23. PART I. Enger the dieeesee, or co shock, or heert feilure. L			enter the mode of dying, euc	ch ee cardiec or respi	iratory erreet,	Approximete interval Between
	shock, or heert feilure. L	let only one ceuse on	eech line.				interval Between Onset and Death
Z	shock, or heert feilure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS	eech line. R My 8 C A CONSEQUENCE OF): SCLEROTE				interval Between Onset and Death
CATION	shock, or heert feilure. L iMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	enter the mode of dying, ever cavalia (In with caval ic Heavi di			interval Between Onset and Death
ERITFICATION	shock, or heert feilure. L iMMEDIATE CAUSE (Fine) disease or condition reculting in death) Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	eech line. R My 8 C A CONSEQUENCE OF): SCLEROTE				interval Between Onset and Death
5	shock, or heert feilure. L iMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	cardia (In	Fixe 1100	Thuch	interval Between Onset and Death
MEDICAL CERTIFICATION	shock, or heert feilure. L iMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	cardia (In	Fix Close iogenic sense	AUTOPSY RMED?	interval Between Onset and Death /// // // // // // // // // // // // /
MEDICAL CE	shock, or heert feilure. L iMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	cardia (In	Part I. 24a. WAS AN PERFO	AUTOPSY RMED?	interval Between Onset and Death // / // / 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	shock, or heert feilure. L iMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions	DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	the underlying ceuee given in	Part i. 24a. WAS AN PERFO! 1 YES :	AUTOPSY RMED?	interval Between Onset and Death // / // / 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL CE	shock, or heert feilure. L iMMEDIATE CAUSE (Fine) disease or condition reculting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PAO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the cons	the underlying ceuee given in 28. PLACE OF DEATH (C	Part i. 24a. WAS AN PERFO! 1 YES :	TAUTOPSY RMED?	interval Between Onset and Death / / / / / / / / / / / / / / / / / / /
TED BY PHYSICIAN: MEDICAL CE	shock, or heert feilure. L IMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions On Chara Conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 2 100 27. MANNER OF DEATH	DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the cons	the underlying ceuee given in 28. PLACE OF DEATH (C THER: Nursing Nome 5 Residence 28c. INJURY AT WORK? M YES 2 NO	Part i. 24a. WAS AN PERFO! 1 YES :	I AUTOPSY RMED? 2 DAO INJURY OCCUREI	interval Between Onset and Death // / / / / / / / / / / / / / / / / /
TED BY PHYSICIAN: MEDICAL CE	shock, or heert feiliure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSK	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the cons	the underlying ceuee given in 28. PLACE OF DEATH (C THER: Nursing Nome 5 Residence 28c. INJURY AT WORK? M YES 2 NO	Part i. 24a. WAS AN PERFOI 1 YES : beck only one) 8 Other (Specify) 28d. DESCRIBE HOW City or Town, State e to the cause(e) end ma	I AUTOPSY RMED? 2 DATO INJURY OCCUREI end Number or Ru	interval Between Onset and Death / / / / / / / / / / / / / / / / / / /
BY PHYSICIAN: MEDICAL CE	shock, or heert feiliure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSK	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS E contributing to deeth CAN DE TO (OR AS DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the cons	the underlying ceuee given in 28. PLACE OF DEATH (C THER: Nursing Nome 5 Residence F WORK? M 1 YES 2 NO et, factory, office	1 Part I. 24a. WAS AN PERFO! 1 YES : 26d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end mae time, date end place, et	I AUTOPSY RMED? 2 (ANO) INJURY OCCURE! and Number or Ru nner ee stated. and due to the cau	interval Between Onset and Death / / / / / / / / / / / / / / / / / / /



DHMH-16 Rev 1/89

	•	1 - STATE REGISTRAR	SINIE OF MANTE		ICATE OF		REG. NO		
	1	1. DECEDENT'S NAME (First, Middle, Last)	,	Dm	(00 >	A 1 A	2. DATE OF DEATH	DAY YEA	
	V.	HENRY	<u></u>	PU	GOKZ	ALA		2 199	
	\	4. SOCIAL SECURITY NUMBER /	5. SEX 8. AGE	(In yrs. last birthday) 77 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	Country)
13)	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF DE	4/6/1912 EATH	9c. COUNTY	New York of DEATH
4	RO		Balt.	or Hosp. Md.	RA TIM	LORE C	ITY	Baltin	nore
s 1, 2	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			TY, TOWN OR LOC	ATION			10d. INSIDE CITY
Page	E I		ark County		as Vegas				LIMITS?
permit. Pages	- 1	10e. STREET AND NUMBER	ark , oouncy	- 1 10		of, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
tis.	FUNERAL	3922 Las Vegas	LY			89111	_	u.	S. A
1203-3146 or attending physician. r use as the burial-transit	Ę	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS OECEOENT EVER II FORCES? 1 YES	2 NO	If yee, a	pecify Cuben, Mexica		is or No 14. 1	RACE — American Indian, Black, White, atc.
203-3146 or attending phys use as the buri	B≼	3 Widowed 4 X Divorced	IF YES, GIVE WAR OR O	NO NO	1 🗆 YE	S 2 NO Specif	No No		Specify: WHITE
r attend	9	15. DECEDENT'S EDI (Specify only highest grad			S USUAL OCCUPAT work done during n		16b. KIND OF BU	JSINESS/INDUSTI	
ZTZ ZTZ tal or for u	LET	Elementary/Secondery (0-12)	Collega (1-4 or 5+)	life. Do NOT	use retired.)				
AND 2 the hospital detached to once.	COMP	12 17. FATHER'S NAME (First, Middle, Last)		Law E	nforceme	7	County ME (First, Middle, Malder	Govern	nent
# 원 A L	ECC	VINCENT	POGORZALA	1		FRAN	112 :	Matrewz	zewski
2 2 2 3 E	m	19e. INFORMANT'S NAME (Type/Print)	1-4-1-7-1-7		G ADDRESS (Street		Route Number, City or Tox		
De re	2	Carol F. Bauer					fton, Mary	yland 2	21114
OME, ector, pa	Ì	20e. METHOD OF DISPOSITION 1 Buriel 2 Commetten 3 Res	moval from State	other place)		emetery, crematory or		OCATION — City	
9 9 -		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		etropoli		Matory AND ADDRESS OF FA		<u>exandri</u>	a Virginia
ALLIMO death. Page funeral direct.		+ ROUTE	6.	0	Be	all-Evans	Funeral		
after d by the moval.		23. PART i. Entar tha diseases, or	complications that cause	ROS.					Maryland 2071
e in la		shock, or haart failura	. List only one cause on a		not entar tha n	ioda or dynig, add	il as caldido of resp	andtory arreat,	intarvai Between Onset and Death
in 27 110 ely filled tation, o		iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDIA DUE TO (OR AS	e A	RREET	mare .			
4b, ed within ompletel al, crema event,		resulting in death)	DUE TO (OR AS	A CONSEQUENCE	OF):				
	NO	Sequentially list conditions,	b. OHE TO (OR AS	A CONSEQUENCE	OE)·				
cian be	CATION	If any, leading to immediate cause. Enter UNDERLYING			o.,				į
certificate ding physi tygiene pri	Ĕ	CAUSE (Diseasa or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):				
. 돈 음구 이	CERTIFI	rasulting in daath) LAST	d						
りょきっき		PART ii. Other significant condition		-4	-	ng cause givan in	DEDEC	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
I ta d ta E	DICAL	Ruptured a	bolow; nAL	ANE		3/11/	1 TES		COMPLETION OF CAUSE OF DEATH?
w requires been signe pt. of Healti shows a	MED	Went to S	urgary,)	Grav	red on	13/11/9	0		1 TYES 2 NO
e taw me has been bept. 23 si			, 0						<u></u>
VIIAI IAN: The tificate ha e State D or item	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	notlant 2 DOA	OTHER:	PLACE OF OEATH (C)			
으 등 등 -	PHYS	27. MANNER OF OEATH	28e. OATE OF INJURY	28b. Ti	ME OF 28c. II	NJURY AT	28d. DESCRIBE HOW	INJURY OCCURI	EO
NG PHYSI frer this c eath with marked,	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	"		VORK? YES 2 NO			
TTENDING TOR: After after death 28 is man	8	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm	, atreet, fectory, of	lice	28f. LOCATION (Street City or Town, State		Rursi Route Number,
DIVISION OR ATTENDING OR ATTENDING DIRECTOR: After hours after deatt	li l	200 CERTIFIER				·			
, 100	COMPL	(Check only	SICIAN: To the best of my know NER: On the beele of examinetic						suse(e) and menner se stated.
TO THE HOSPITAL TO THE FUNERAL Se filed within 72 MPORTANT: If	- 1	29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NU			GNED (Month, Day, Year)
	BE	Want n.	Vien mis)		017	031	> 3	112/1990
2 6 8 ₹	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Ty)	pe, Print)		C		
57		KWANG N.K	114.140-	3001	S. HX	NOVER	>1-	21.	230
		MAR 16 '90	32. REGISTRAR'S SIG	NATURE Son-Randel	00_				
		MAR 16 '90	Juna villa	001 a-1/a-1/a0					

DHMH-16 Rev t/89

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the control of t	oe filed within 12 flours after breath with the state body, or regard and mental hybride prior to be been, the medical examiner must be notified at once. IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
it the death cert	by the attending	Injury, or of
law requires tha	is been signed	23 shows any
SICIAN: The	certificate his	d, or item
TENDING PHY	DR: After this	8 is marke
TAL OR AT	RAL DIRECT	: If item 2
40SP	iii s	

31. OATE FILED (Month, Day, Year)

32. HEGISTRAN'S SIGNATURE
Julia Davidson-Randell

- STATE REGISTRAR				CE	RITER	ATE O	F DEA			REG. NO.			1
1. DECEDENT'S NAME (First,	Middle, Last)	0.7							MONT	OF OEATH DA	NY.	YEAR	3. TIME OF DEATH
Daniel		Clayt				arsall			_	3-8-90 7. DATE OF BIRTH			4:08AM
4. SOCIAL SECURITY NUMB		5. SEX		in yrs. last t		ONTHS DAY		R 24 HRS.	(Mont	h, Day, Year)	Country)		
		1 🔀 M 2 🗌 F	26 YRS.		YRS.					2/63			yland
9a. FACILITY NAME (If not in			1 0		- 1	b. CITY, TOW						NTY OF D	
Francis So		ey Medica	al Ce	enter	-	Baltimore City				У	Ва	ltim	ore
10a. STATE	10b. COUNTY	,			10c. CITY,	r, TOWN OR LOCATION						10d. INSIDE CITY	
Maryland	Princ	e George	¹s		Bowi	e							LIMITS?
10e. STREET AND NUMBER						1	101. ZIP COI	DE			10g. CIT	IZEN OF	WHAT COUNTRY?
12776 Midwood Lane							2071	5			IIni	ted	States
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM					13. WAS [IC ORIGI	N? (Specify Yes	_	14. RAC	E — American Indian,	
1 Never Married 2 🔀			FORCES? 1 YES 2 NO				specify Cub		v:				ok, White, etc.
3 Widowed 4 Divo	rced			NO NO					No)			White
	EDENT'S EDU					SUAL OCCUP		doa	168	. KIND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	Me. L	Do NOT use	retired.)							
12					Mech	anic				Auton	nobil	.e	
17. FATHER'S NAME (First, M										Middle, Malden			
Roy K. Pea							Sh	irley	7 M.	Santuc	cci		
19a. INFORMANT'S NAME (7				111111						ber, City or Town			
Roy Pearsa	11			1.	54K H	ammar	lee R	oad	(Glen Bu	ırnie	Maı	ryland 210
20s. METHOD OF DISPOSITION 1 🗵 Burisl 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)							CATION —	City or To	own, Stata				
4 Donation 5 Other			_ La	akemo		amania	1 000	dane		D	1100	n 1 1 1	le Md.
21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACIL Beall-Evans F										Dav	Tusu	TIATT	TC IId.
	L SERVICE LIC	ENSEE		<u> </u>	J11C 11	22. NAME	AND ADDR	ESS OF FA	CILITY				114.
▶ Robert	L SERVICE LIC	IN MA	E		,	22. NAME Bea	AND ADDR	ess of FA	GILITY Fune	ral Ho	me,	P.A.	
· Robert	€. €	vans.	To aused) es	·	22. NAME Be a 160	AND ADDR 111-Ev	ess of F/ ans napo	cury Fune lis	ral Ho Road B	me, owie	P.A. Mar	yland 207
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200	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directing page 5 should be defauched be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF N		PARTMEN IFICAT			ID ME	NTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle,	Lost) Paul Wo	The state of the s	eak		DEA	2.	DATE OF DEATH 3	/16/90	3.	TIME OF DEATH
	Paul ux	odrom.	Yeak				M	POPC 10		90	715 PM
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. Instayinthe	MONTHS	DAYS	IF UNDER 24 H	IRS. 7.	DATE OF BIRTH (Month, Pay, Year)	6.	BIRTNPLA Country)	Voline or Foreign
	220-09-8494	1 X M 2 □ F	113 YF	IS.				10/19/16	V	irgi	nia
e	9a. FACILITY NAME (If not institution,	give street and number)	coital	9b. CIT	Y, TOWN OR	LOCATION O	OF DEAT	allston	9c. COUNTY	OF GEAT	01
6	RESIDENCE OF DECEDER	neral 110	Spriace	i	ran	1210	v		Ha	1 10.	Rd
DIRECTOR	1	OUNTY		CITY, TOWN			-			100	I. INSIDE CITY LIMITS?
	-	arford Count	by 1	Forest	Hill	L				1 [YES 2 NO
14 A	10e. STREET AND NUMBER	T	,		101. 7	ZIP CODE	' 0		10g. CITIZEN		COUNTRY?
FUNERAL	2831 Grier I			1 40		2105			U.S.		
	1 Never Married 2 Married	FOROTOR 4	YES 2 NO	13.	If yes, spec	elty Cuban, M	lexican, P	ORIGIN? (Specify Year Puerto Rican, atc.)	or No— 14.	Black, Wi	American Indian, nite, etc.
à l	3 Widowed 4 Divorced	₩₩#2, A	my		1 YES 2	2 NO S	іреспу:		W	Specify: hite	
COMPLETED	15. DECEDENT' (Specify only highes	S EDUCATION	16a, DECEDE	NT'S USUAL (d of work done OT use retired.)	OCCUPATION during most	of working		16b. KIND OF BUS	INESS/INOUS	TRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ot use retired.)				Solf E			
1 5	17. FATNER'S NAME (First, Middle, Le	and I	Fain	cTuß C	-			Self_E		ea.	
	Cleveland	Thurmond	Peak				anda	(First, Middle, Maiden :		rs	
BE	19a. INFORMANT'S NAME (Type/Prin			LING AODRES	SS (Street and			te Number, City or Town	0		
2	Mrs. Ruth M. P.							d. Forest			21050
	20a, METNOD OF DISPOSITION 1 Burlal 2 Cremation 3	Boward from State	20b. PLACE OF DI	SPOSITION (A	lame of ceme	elery, cremator	y or	20c. LOC	CATION City	or Town,	State
	4 - Donation 6 - Other (Specify)	Centre 1								21050
	21. SIGNATURE OF FUNERAL SERV	the state of the s	-	r 22	NAME AND	ADDRESS C	OF FACILI	my Foster	unera	I Ho	me
	Burgari	rules trates	-		Bel A	ir, M	ary	way & Will land 2101	t Tams	DOLG	90
П	23. PART I. Enter the disease	s, or complications the	t coused the death.	Do not ente	r the mod	e of dylng,	such s	s cerdiac or respi	ratory arrest	,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	•		,							Onset and Deeth
	disesse or condition resulting in deeth)	· Hepa	OR AS A CONSEQUENCE	, lan	C	6.FC	no.	Trans			mos.
		DUE TO	(OR AS A CONSEQUENC	CE OF):							(cc.
NO N	Sequentially list conditions,	D. OUE TO	OR AS A CONSEQUENCE	CE OF):							71)
\\$	If any, leading to immediate cause. Enter UNDERLYING	· Non	- A NO	B		He	en t	170			10-
Ē	CAUSE (Disease or injury that initiated events	DUE 10	(OR AS A CONSEQUENC	CE OF):			117		3		1
CERTIFICATION	resulting in death) LAST	d. Blo	od to	nsfag	ron	ac	wm	sang pg	+ 54	14-	10,00
	PART II. Other significent cor	ditions contributing to	death but not result	ing in the u	inderlying	cause give	n In Pa				RE AUTOPSY FINDINGS
ICAL	Consc	to 1	1 cont -	Gaily	_			PERFOR		CO	MPLETION OF CAUSE
MED									M.		DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		OTHE		CE OF OEAT	N (Check	only one)			
ΙΧSΙ	1 YES 2 NO	1 Inputient 2	ER/Outpatient 3 De	DA 4 IN	iraing Nome		_	Other (Specify)			
	1 Natural 5 Pendin		ay, Year)	TIME OF INJURY	28c. INJU: WOR 1 YE	IK?		8d. DEŞCRIBE HOW II	JURY OCCUP	REO	
ВУ	2 Accident Investig	28e. PLACE O	F INJURY — At home, fe	ırm, street, fa		2 1	_	Bf. LOCATION (Street a	nd Number or	Rural Route	Number.
	4 Homicide 8 Could i	tot be building.	etc. (Specify)					City or Town, State)			
쁘	29a. CERTIFIER 1 CERTIFYING	PNYSICIAN: To the best of	my knowledge, death or	coursed at the	time data a	and place, and	d due to	the cause(s) and man	nor so stated		
COMPLETED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(AMINER: On the besis of a									d menner se stated.
U U	29b. SIGNATURE AND TITLE OF CE		1			29c. LICENSI					nth, Day, Year)
00	trede l	W. Wals	- h	D		D2.	04	13	> 3	/16	190
2	30. NAME AND ADDRESS OF PERS	ON WNO COMPLETEO CAUS	SE OF DEATN (ITEM 27)	(Type, Print)		1			-		11
	Frederic		alken	21	005	Rock	5,	orm P	1 to	reit	Hai MD
	31. DATE FILEO (Month, Day, Sear)		r's signature Julia Davidson								

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. DOA 13149,	O.	14
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
	F	F 5

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

MAR 1 9 '90

32. REGISTRAR'S SIGNATURE
Lia Davidson-Randolls

	1 - STATE REGISTRAR	STATE OF MARYL		CATE OF		NIAL HYGIENE REG. NO.		
,	1. OECEDENT'S NAME (First, Middle, Lest)	F. Pill		ces Pa	radise 2	DATE OF DEATH DAY	90 YEAF	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-16-7936	5. SEX 8. AGE ((In yrs. last birthday) 8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN. J1	DATE OF BIRTH (Month, Day, Year) ULY 6,189	1 s. sur	THPLACE (State or Foreign Intry) ryland
ECION	9e. FACILITY NAME (If not institution, give st	1 11 6 1		96. CITY, TOWN	or location of Death	H MCE	sc. COUNTY OF	
DIMEC	10e. STATE 10b. COUNTY	Harford	4	, town on Loca Lington	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
UNEHAL	100. STREET AND NUMBER 2217 Castleton Ro	ad		10	1. ZIP CODE 21034		10g. CITIZEN O USA	F WHAT COUNTRY?
1 1	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 00	If yes, s	CENDENT OF HISPANIC Decify Cuben, Mexican, F 8 2 NO Specify:		В	ACE — American Indien, lack, White, etc.
PLEIEU	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)		18e, DECEDENT'S (Give kind of w life. Do NOT use HOUSEV	ork done during m retired.)	ON ost of working	16b. KIND OF BUS	INESS/INDUSTRY	,
BE COMPL	17. FATHER'S NAME (First, Middle, Last) William Purnell W	atson			18. MOTHER'S NAME Laura Fr	(First, Middle, Maiden : ances Tar	Surname)	
20	190. INFORMANT'S NAME (Type/Print) Bruce S. Carey				end Number or Rural Rou on Road, D			
	20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State R	b. PLACE OF DISPOS cother place) Remson Cer	netery		Sto	ckton,	Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Le Como	111	Howa	nd address of facil cd K. McCol Cokesbury	mas III F		Home, P.A. Md. 21009
	23. PART i. Enter the diseases, or cahock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition reculting in deeth)	e. Cardia						Approximate interval Between Onset and Death
HILLAIION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b DUE TO JOR 45	A CONSEQUENCE OF	1	llelma	l fem	mby	9
CEMI	that initieted events resulting in deeth) LAST	d,		\$20				
MEDICAL	PART II. Other significant condition	is contributing to death to	but not resulting I	n tha underlyi	ng ceuea given in Pa	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Inetient 3 DOA	OTHER:	The Same Same Same Same Same Same Same Sam			
BY PHY	27. MANNER OF DEATH Netural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN		8d. DESCRIBE HOW II	NJURY OCCURED)
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe		treet, factory, off	ce 2	8f. LOCATION (Street e City or Town, State)	and Number or Ru	rel Route Number,
COMPLE	TOTAL OTHY	ICIAN: To the best of my know ER: On the beele of examination					1	se(s) and manner es stated.
O BE C	296. SIGHATUME AND TULE OF CENTURE	7	-		29c, LICENSE NUMB	ER	B SIG	NED (North Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type,	Print)				

V TO MINE TO SELECT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		WEAR	3. TIME OF DEATH
	Paul	N/M/N	Po1	onsky		0.3	30	1990	01;00 Am
1	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIS	TH	6. BIRTH	IPLACE (State or Foreign
	577-46-3528		53 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 4-8-1	936		shington DC
	9e. FACILITY NAME (If not institution, give st			96. CITY, TOWN C	R LOCATION OF DE	ATH	9c. C	OUNTY OF D	EATH
FOT	Residence RR 2 Bo)× 4093		La Plat	a		Ch	narles	5
E C	10e. STATE 10b. COUNTY	1	10c. CI1	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY
H	Md Cha	arles	т.	aPlata					LIMITS? 1 YES 2XXNO
9	10e. STREET AND NUMBER	HILES			. ZIP CODE		10g. (CITIZEN OF V	VHAT COUNTRY?
FUNERAL DIRECTOR	Route #4 Box 40				20646			USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 \(\subseteq \text{ Y}	ER IN U.S. ARMED		ENDENT OF HISPAN			- 14. RACI Black	E American Indien, k, White, etc.
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR O			NO Specify			Spec	"v: ite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S (Give kind of	USUAL OCCUPATION Work done during made retired.)	ON st of working	16b. KIND	OF BUSINESS/		
	Elementary/Secondary (0-12)	College (1-4 or 5+)				Desir			
ME	17. FATHER'S NAME (First, Middle, Lest)	1	Manager		18. MOTHER'S NA		nting/T		tting
	Herman Polonsky				Anna Co		walden surnam	0)	
8E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural F		y or Town, State,	Zip Code)	
2	Sandra Polonsky		RR 4 E	lox 4093.	La Plat	a. Md.	20646		
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO				20c. LOCATION	City or To	own, State
	1√S Buriel 2 ☐ Cremetion 3 ☐ Remetal Donation 5 ☐ Other (Specify)	oval from State	Trinity N			l.	Waldorf	. Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	PHSEE			D ADDRESS OF FA	CILITY			
	MIM KDI	1000			Funeral box 156		rf Md	2060/	1_0156
	23. PART I. Enter the diseases, or o								Approximate
	ehock, or heert feilure. IMMEDIATE CAUSE (Final	List only one cause o	n each line.						Onset and Deeth
	disease or condition resulting in death)	Gliob	lastama						
		DUE TO (OR	AS A CONSEQUENCE O	PF):					
NO	Sequentially list conditions,	b	AS A CONSEQUENCE O	ND.					
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE 10 (ON 1	NO A CONSCOURNCE C	r).					
임	CAUSE (Diseese or Injury thet initieted events	DUE TO (OR	AS A CONSEQUENCE O	OF):					
F	resulting in death) LAST	d							
	PART II. Other significent condition	as contributing to des	th but not meuiting	in the underlyin	a ceuse alven in	Part I 24a	WAS AN AUTOP	ev Tak	. WERE AUTOPSY FINDINGS
CAL	TAIT II. Ottal significant condition		an but not resulting	iii tile tilloeriyiii	A cansa Alsan III		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL						10	YES 2 NO		OF DEATH?
Σ									1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 P	ACE OF GEATH (Ch	veck only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	Outpetlant: 3 🗆 DOA	OTHER:	se 5 X Reeldence		-16.3		
¥	27. MANNER OF DEATH	28e. DATE OF INJU	IRY 28b. TII	WE OF 28c. IN.	URY AT		E HOW INJURY	OCCUREO	
	1 Natural 5 Pending Investigation	(Month, Day, Ye	in IN	4.1	YES 2 NO				
D BY	3 Suicide a Could not be	26e. PLACE OF INJ building, atc. (IURY — At home, ferm,	street, factory, offic	•	28f. LOCATION City or Tow	(Street and Num	nber or Rural	Route Number,
COMPLETED	4 Homicide determined	ounding, are.	Opecny)			City or ion	m, state)		
7	29e. CERTIFIER (Check only	ICIAN: To the best of my k	nowledge, death occur	red at the time, date	end place, end due	to the cause(e)	and menner as	stated.	
OM	one)	ER: On the basie of axamir	nation and/or investigat	on, in my opinion, o	leath occured at the	time, date end p	pleca, end due t	to the ceuse(e) end menner ea stated.
	29b. SIGNATURE AND TITLE OF CENTIFIE	R /			29c. LICENSE NUI	MBER	29d.	DATE SIGNED	O (Month, Day, Year)
) BE	6 2 M		my		D3342	26	•	3/3	0/90
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	F DEATH (ITEM 27) (Typ	e, Print)		-	-	1	1
	Benjamin L. Je	enkins Po	st Offic	e Box 1	724 Lai	Plata	Md. 2	0646	
	APR 0 2 90	32. REGISTRAR'S	SIGNATURE	482			3		

-		
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within frouts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complotely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. The filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALT	H AND	MENTAL	HYGIENE
CERTIFICATE	OF DEA	HT		REG. NO.

	REGISTRAH			ENTIFIC		I DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	N VE	3. TIME OF DEATH 14:4
		Pauline	Dunte	n Pan	1		03		70 2459"
	4. SOCIAL SECURITY NUMBER		L AGE (In yrs. i	lest birthday) #	UNDER 1 YEA		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	72328 8325	1 🗆 M 2 🗀 🗗	68	YRS. MO	ONTHS DAY	S HOURS MIN.	(Month, Day, Year) 12/23/2		niteStone, VA
	9e. FACILITY NAME (If not institution, give s			04	h CITY TOW	WN OR LOCATION OF DE			
C							euri .		
DIRECTOR	Anne Arundel	<u> Medical</u>	<u>Cent</u>	er	A	<u>nnapolis</u>		Anne	Arundel
ទួ	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	v		10c CITY T	OWN OR LO	CATION			10d. INSIDE CITY
2				10c. Ci 1 1, 1	OWN ON EC	ACATION			LIMITS?
		en Anne'	S		Ches				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	Market Committee			SCAUPATES	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
8	2709 Cox Nec	k Road			- 1	21619		11	S.A.
Z	11. MARITAL STATUS	12. WAS DECEDENT I				DECENDENT OF HISPAN	IC ORIGIN? (Specify Yes		RACE — American Indian.
	1 Never Merried 2 Merried	FORCES? 1 FYES, GIVE WAS		NO	if yes	, specify Cuban, Mexico	n, Puerto Rican, etc.)		Black, White, atc.
В	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAS	T OR DATES		ן י⊔	YES 2 NO Specify	r:		Specify: White
ED	15, DECEDENT'S EDU	CATION	484 1	DECEDENT'S US	IIAL OCCU	PATION	16b, KIND OF BU	SINESS/INDIES	
빝	(Specify only highest grade		-	(Give kind of world the Do NOT use in	k done during	most of working	IOD. KIND OF BU	PHIEGO/INDUS	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 1 "				1		
A P		2		Sec	<u>reta</u>	ry	Ass	ociat:	ion
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
	Guthrie Rayn	or Dunto	n, TT			Marg	aret Jan	o Tro	akle
BE	19a. INFORMANT'S NAME (Type/Print)				OORESS /SH	eet and Number or Rural I			
2	Committee of the commit								
	G. Raynor Dunt	on, III				han Driv	e, Greenv	ille, l	DE 19807
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	oval from State	20b. PLAC	E OF DISPOSITI	ION (Name o	f cemetery, crematory or	20c. LO	CATION — City	or Town, State Lancaste:
	4 Donetion 5 Other (Specify)	Over from State			e II.M	I.C. Cemete	ery Whi	te Stor	ne. Virginia
	21. SIGNATURE OF FUNERAL SERVICE LI	CENGEE	75		22. NAM	E AND ADDRESS OF FA	CILITY		
	7/ 1/2	11.11 1	2 .		Ton	Helfenb	ein Fune	ral H	omes, PA
	Tom Helfenbein Funeral Homes, PA Rt. 1 Box 66B, Chester, MD 21619								
	23. PART I. Enter the diseases, or								, Approximata
	ahock, or haart fallure.	List only one cause	e on each li	ne.					Intarval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition								Oliset and Death
	reaulting in death)	a. Nem J.	stup >						
		DUE TO (0	IR AS A CONS	SEQUENCE OF):					
z		a hone	·CA	SEQUENCE OF):					
0	Sequentially list conditions, If any, leading to immediate	DUE TO (C	AS A CONS	SEQUENCE OF):					
AT	cause. Enter UNDERLYING	_							
CERTIFICATION	CAUSE (Disease or Injury that initiated events	CAUSE (Disease or Injury 6.							
E	resulting in death) LAST								
H		d							
	PART II. Other significant condition	ns contributing to d	eath but no	t resulting in	the under	lying cause given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
-4						, a ground	PERFO	RMED?	AVAILABLE PRIOR TO
X	COPP, HTW CAP ASON				_			T NO	COMPLETION OF CAUSE
DICA	COPD, HITH	1, CAD	113				1 YES :	Z [] NO	DF DEATH?
MEDICAL	COPD, HTM	1, CAP					1 YES :	Z _ NO	DF DEATH? 1 YES 2 NO
Σ	COPD, HTM	y, (Ap					1 _ YES :	Z [] NO	
Σ		I, CAD				R DI ACE OF DEATH (C)		Z [] NO	
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		- 0		8. PLACE OF DEATH (Ch		2 NO	
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	2 TOOA 4	2 OTHER:	Home 5 - Reeldence	a Other (Specify)		1 Tes 2 No
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 1	ER/Outpatient	2 TO DOA 4	2 OTHER: Nursing	Home 5 - Reeldence	eck only one)		1 Tes 2 No
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL:	ER/Outpatient	2 TOOA 4	2 OTHER: Nursing OF 280	Home 5 - Reeldence	a Other (Specify)		1 Tes 2 No
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL: 1 Inpetient 2 1 28a. DATE OF IP (Month, Day) 28e. PLACE OF	ER/Outpatient NJURY , Year) INJURY — At	2 TO DOA 4	DTHER: Nursing OF 2869 W 1	Home 5 Recidence INJURY AT WORK? YES 2 NO	eck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	INJURY OCCUP	1 YES 2 NO
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL: 1 Inpetient 2 1 28a. DATE OF IP (Month, Day) 28e. PLACE OF	ER/Outpatient NJURY ; Year)	28b. TIME (DTHER: Nursing OF 2869 W 1	Home 5 Recidence INJURY AT WORK? YES 2 NO	eck only one) 8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	1 YES 2 NO
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL: 1 Inpetient 2 1 28a. DATE OF IP (Month, Day) 28e. PLACE OF	ER/Outpatient NJURY , Year) INJURY — At	28b. TIME (DTHER: Nursing OF 2869 W 1	Home 5 Reeldence : INJURY AT WORK? YES 2 NO	eck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street	INJURY OCCUP	1 YES 2 NO
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetions 2 1 28a. DATE OF IP (Month, Day) 28a. PLACE OF building, et	ER/Outpetient NJURY (, Year) INJURY — At	28b. TIME (INJUR	2 DTHER: Nursing OF 28c Y M 1	Home 5 Reeldence INJURY AT WORK? YES 2 NO office	eck only one) a Other (Specify) 2ed. DESCRIBE HOW 2eff. LOCATION (Street City or Town, State	INJURY OCCUP and Number or	1 VES 2 NO
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	HOSPITAL: 1 Inpetient 2 1 28a. DATE OF III (Month, Day) 28a. PLACE OF building, et	ER/Outpetient NJURY (, Vear) INJURY — At Rc. (Specify)	28b. TIME (INJUR	20THER: Nursing OFF 28cOTY M 1	Home 5 Reeldence INJURY AT WORK? YES 2 NO office	eck only one) 8 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCUP and Number or	1 VES 2 NO
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 1 28a. DATE OF IP (Month, Day) 28a. PLACE OF building, et	ER/Outpatient NJURY (, Year) INJURY — At tc. (Specify) my knowledge, amination and/	28b. TIME (1NJUE) home, ferm, street death occurred for investigation,	22 DTHER: Nursing Nursing Print 28c Nursing Nursing 1 28c Nursing 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Home 5 Reeldence INJURY AT WORK? YES 2 NO office date end place, end due on, death occured at the	a Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end me time, date and place, a	and Number or	1 VES 2 NO
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	HOSPITAL: 1 Inpetient 2 1 28a. DATE OF IP (Month, Day) 28a. PLACE OF building, et	ER/Outpetient NJURY , Year) INJURY — At tc. (Specify) my knowledge, aminetion and/	28b. TIME of INJUR 28b. TIME of INJUR home, farm, stre death occurred or investigation,	22 DTHER: Nursing Nursing Print 28c Nursing Nursing 1 28c Nursing 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Home 5 Reeldence INJURY AT WORK? YES 2 NO office date end place, end due on, death occured at the	a Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end me time, date and place, a	and Number or	1 YES 2 NO
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 I 28a. DATE OF It (Month, Day) 28e. PLACE OF building, et	ER/Outpetient NJURY , Year) INJURY — At tc. (Specify) my knowledge, aminetion and/	28b. TIME (1NJUE) home, ferm, street death occurred for investigation,	22 DTHER: Nursing Nursing Print 28c Nursing Nursing 1 28c Nursing 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Home 5 Reeldence INJURY AT WORK? YES 2 NO office date end place, end due on, death occured at the	a Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end me time, date and place, a	and Number or	1 VES 2 NO
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BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WI	HOSPITAL: 1 Inpetient 2 1 28a. DATE OF IP (Month, Dey. 28c. PLACE OF building, et BICIAN: To the best of m ER: On the best of exa	ER/Outpetient NJURY (, Year) INJURY — At tc. (Specify) Iny knowledge, amination and/A	28b. TIME (INJUR A 28b. TIME (INJUR Home, farm, street death occurred or investigation, Berns TEM 27) (Type, Pa	22 DTHER: Nursing Nursing Norsing Nursing Nursing 1 bet, fectory, at the time, in my opinis	Home 5 Reeldence INJURY AT WORK? YES 2 NO office date end place, end due on, death occured at the	a Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) end me time, date and place, a	and Number or nner ee stated. and due to the c	1 VES 2 NO
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 1 28a. DATE OF IP (Month, Dey. 28c. PLACE OF building, et BICIAN: To the best of m ER: On the bests of exa	ER/Outpetient NJURY (, Year) INJURY — At tc. (Specify) Iny knowledge, amination and/A	28b. TIME (INJUR A 28b. TIME (INJUR Home, farm, street death occurred or investigation, Berns TEM 27) (Type, Pa	22 DTHER: Nursing Nursing Norsing Nursing Nursing 1 bet, fectory, at the time, in my opinis	Home 5 Reeldence INJURY AT WORK? YES 2 NO office date end place, end due on, death occured at the	a Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(e) end me time, date and place, a	and Number or nner ee stated. and due to the c	1 VES 2 NO



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age 6	Jirec		examiner must be notified at once.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as flours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene pnor to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
2	2	pe	E

	STATE OF	/ DEPARTMENT		MENTAL	HYGIENE REG. NO.
Last)				2. DATE D	F DEATH

	1 - FOR STATE OF MARYLAND C		MENT OF		MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	Pauline	Pa1m	atary		March	8.199	7.40 A M		
						7, DATE OF BIRTH 6, BIRTHPLACE (State or Foreign			
		1 M 2 X F 75 YRS. Ju			July 19,	Acountry, Dey, Year) 1914 Country) Maryland Dec. COUNTY DE DEATH			
~	9s. FACILITY NAME (if not institution, give street and number) Momonia 1 Loop i + a 1			DR LOCATION OF DE	ATH				
DIRECTOR	Memorial Hospital		East	on		16	albot		
S	10s. STATE 10b. CDUNTY	10c. CITY,	TOWN DR LOCA	TION			10d. INSIDE CITY		
8	Maryland Queen Anne's	Ce	ntrevi	lle			LIMITS?		
	10e. STREET AND NUMBER			H. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
N.	110 Price Street			21617		Unit	ted States		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	RMED	13. WAS DE	CENDENT OF HISPAN	IC DRIGIN? (Specify		I. RACE — American Indian, Black, Whits, stc.		
BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 Married IF YES, GIVE WAR OR DATES	ND	If yes, s	pecify Cuben, Mexicer S 2 ND Specify	, Puerto Rican, etc.)		Specify: White		
			SUAL OCCUPAT		16b. KIND OF	BUSINESS/INDUS	STRY		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Give kind of wi fe. Do NOT use	ork done during n retired.)	ost of working					
립	3		Wife			Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Maid	len Sumame)			
BE C	Edward - Cane			Fai	nnie -	Ве	211		
	198. INFORMANT'S NAME (Type/Print) Husband 1	9b. MAILING	ADDRESS (Street	and Number or Rural F	Route Number, City or	Town, State, Zip C	ode)		
2	James A. Palmatary	110 I	rice S	reet, Ce	ntreville	, MD 2	21617		
	20s. METHOD OF DISPOSITION 20b. PLACI	E DF DISPOS	TION (Name of c	emetery, crematory or	20c.	LOCATION — CI	ly or Town, Stats		
	4 Donation 5 Other (Specify) 3/11/90 Ch	nester	field (emetery		Centrev	ille, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Barton, Jr.	CILITY							
	Donu H. Bost			P.O. Box	uneral Ho		le, MD 21617		
	23. PART L Priter the diseases, or complications that caused the d	death. Do n	ot enter the m	The state of the s					
	ehock, or heert fellure. List only one ceuse on each lin						Interval Between Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)								
	resulting in death) a. PSD OTTOM DUE TO (OR AS A CONSEQUENCE OF):								
-	(L) Lover lobe preciporia days								
흔	Sequentially list conditions, If env, leading to immediate	EQUENCE OF):						
S	cause. Enter UNDERLYING	OPD							
E	CAUSE (Disease or injury that initiated events	EDUENCE OF):						
CERTIFICATION	resulting in death) LAST	- lor	na tei	ω .					
	PART IJ. Other significant conditions contributing to death but not	contitue i	n the Underlyi	no cause obser in	Bart 1 240 MBS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
K		resuming i	ii tile Olideriyi	ig coose given in		FORMED?	AVAILABLE PRIDE TO		
ă	<u>llementia</u>				1 TYES	ZXXVD	OF DEATH?		
M					_		1 TYES 2 ND		
PHYSICIAN: MEDIC									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		OTHER:	PLACE OF DEATH (Ch	eck only one)				
YS				me 6 - Residence					
표	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJ	URY V	JURY AT	28d. DESCRIBE HO	W INJURY OCCU	RED		
ВУ	2 Accident Investigation			YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	nome, tarm, s	treet, factory, of	ics	City or Town, Si		r Rural Route Number,		
COMPLETED									
릴	29e. CERTIFIER 1 XCERTIFYING PHYSICIAN: To the best of my knowledge,								
ő	2 MEDICAL EXAMINER: Dn the basis of examination and/o	or Investigation	n, tn my opinion.	death occured at the	time, data and place	, and due to the	cause(s) and manner as stated.		
M	29b. SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NUI	MBER		SIGNED (Month, Day, Year)		
0	1 IT ISELO UV	7 1		D109	166	▶ 3/	8/90		
5	30. NAME AND ASCRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT				-17 -111				
				ne, Eas	ton Md.	21601			
	31. DATE FILED (MONTH). Day, Year) 32. BEGISTRAR'S SIGNATURE MAR I 2 90 Fulia Davidson-6			·					
	MHT I Z YU Gulla Davidson-1	Juniverse							
	100		elested.				DHMH-18 Rev 1/89		

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The state of

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

n certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2,	Hygiene prior to burlal, cremation, or removal.	or other traumatic event, the medical examiner must be notified at once.
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	-	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDIN	TO THE FUNERAL DIRECTOR	be filed within 72 I	IMPORTANT: If Item 28 is

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	0	F DEAT	H		REG. NO.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH SAY YEAR 3. TIME OF DEATH				
	FRED FISH	ER PARSO	NS		March 20		6:00 P. M		
4. SOCIAL SECURITY NUMBER		1101	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign untry)		
217-16-9180 9a. FACILITY NAME (If not institution, give atn		YAS.	200	R LOCATION OF DEA	08/31/12	9c. COUNTY OF	Maryland		
Somerset Village		30.		sfield, M		-	merset		
10e. STATE 10b. COUNTY		10c. CITY, TO	WH OR LOCATI	ON			10d. INSIDE CITY		
Maryland Son	merset	Pr	incess	Anne, MD)		LIMITS?		
10e. STREET AND NUMBER			101.	ZIP CODE	7	10g. CITIZEN O	F WHAT COUNTRY?		
115 Oak Street				21853		U.	S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ₩ YES IF YES, GIVE WAR OR DAWN W. II Ar.	2 NO	If yes, spe	endent of Hispanicity Cuban, Mexican 2 NO Specify:		BI	ACE — American Indian, lack, White, etc. pecify: White		
15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mos		16b. KIND OF BUSIN	NESS/INDUSTRY	r		
Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)	Laborer	& Custo	odian	Main	tenance	2		
17. FATHER'S NAME (First, Middle, Last)			or out of		IE (First, Middle, Maiden St				
George S. Parsons	5			Cleora	Parker				
19a. INFORMANT'S NAME (Type/Print)	-	1			oute Number, City or Town,				
Freda Capoferri	/00				ille, N. J				
20a. METHOD OF DISPOSITION 3 / 26	val from State 20b.	other place) aryland Ve				ation — chy or eulah,			
4 □ Donation 6 □ Other (Specify) 21. SIGNATURE OF FÜNERAL-BERNICE LICE		Tyland ve		D ADDRESS OF FAC	4	euran,	MD		
·alle	Atall			ay Funer	al Home Rd. Salis	hurr N	4D 21801		
ahock, or heart failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	ACUTE MYOC DUE TO (OR AS A		farctio	on			Interval Between Onset and Death		
PART II. Other significant conditions	e contributing to deeth b	ut not resulting in t			PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che					
1 (X) YES 2 NO 27. MANNER OF OEATH 1 (X) Natural 5 Pending	1 Inpatient 2 ER/Outp 26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJ	URY AT RK?	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW IN.	JURY OCCURED)		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, atree			281. LOCATION (Street ar City or Town, State)	nd Number or Ru	ral Route Number,		
and and	COMPLETEO CAUSE OF DE	and/or investigation, in	n my opinion, d	29cc LICENSE NUM	time, date and place, and	29d. DATE SIGN	ne(a) and menner se stated. NED (Month, Day, Year) 23/90		
31. DATE FILEO (Month, Day, Year) MAR 2 6 90	32. REGISTRAR'S SIGN								

BALTIMORE, MARYLAND 21203-3146

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	1 - STATE REGISTRAR	STATE OF N				OF H			ENTAL HYGIEN REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last)	Dorot							2. DATE OF OEATH			3. TIME OF DEATH	
	POROTH								90	1:53 m			
7,1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN MONTHS DAYS HOURS MIN. (Month, Day, Year)			7. DATE OF BIRTN (Month, Day, Year)		8. BIRTN	PLACE (State or Foreign		
	216-16-9992	1 M 2 📆 🖹	67	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar. 9,19	23	Stre	et	
	9a. FACILITY NAME (If not institution, give s	,						ON OF DE			INTY OF D		
6	HARFORD MEM	OKIAL H	to spiti	AL	HAY	TRE	DE	GE	ACE	14	ARF	-OPD	
EG	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,				OR LOCATI					· 1	10d. INSIDE CITY	
DIRECTOR	Maryland H	arford		Ch	urch	vill	е					LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 3212 Snake Lane						ZIP CODE 2102	_			USA		
2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DECI	ENDENT O	F HISPANI	C ORIGIN? (Specify Yes	or No —	14. RACE	— American Indian,	
	1 Never Married 2 Married		YES 2 N			If yes, spe	city Cuba		Puerto Rican, etc.)		Black Specif	, While, alc.	
ВУ	3 Wildowed 4 Divorced						-X				I V	hite	
COMPLETED	15. OECEDENT'S EDU- (Specify only highest grade	CATION completed)	(Gi	Ve kind of Do NOT up	work done	CCUPATIO during mos	N it of workin	g	16b. KIND OF BUS	SINESS/IN	DUSTRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5 -	·)	ousev					_				
N N	17. FATHER'S NAME (First, Middle, Last)	-					18 MOTE	VER'S NAM	IE (First, Middle, Malden	Sumama)			
	Charles Benjamin 1	_ee							May Flowe				
BE	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural R	oute Number, City or Tow	n, State, Zi			
2	Harry A. Price		32	212 5	Snake	e Lar	ne, (hurc	hville, M	d. 2	1028		
	20s. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Rem	oval from State	20b. PLACE other pla								- City or To		
	4 Donation 5 Other (Specify)		Coke	shur					t Cemeter	y, Al	bingo	don,Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	n					SS OF FAC		Fine	ral F	Home, P.A.	
	Howard It	Me	Com	211					v Road. A				
	23. PART i. Enter the diseases, or ahock, or heart fallure.				not enter	r tha mo	da of dy	ing, such	as cardiac or respi	iratory ar	rrest,	Approximata interval Batween	
	IMMEDIATE CAUSE (Final	^			4	0 10						Onset and Death	
	disease or condition resulting in death) a. CARDLAC ARREST DUE TO (OR AS A CONSEQUENCE OF):												
	DUE TO (OR AS A CONSEQUENCE OF): ARTERIOSCIE 1205 IS												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC			190	2.1	2					
CAT	cause. Enter UNDERLYING	C.											
Ě	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
ERI	resulting in death) LAST	d											
	PART, II, Other significant condition	s contributing to	death but not r	esuiting	in the u	nderlying	cause	given in i			24b	. WERE AUTOPSY FINDINGS	
CAL	Hyputms	In		,					PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE	
MED	Embaliam	- Time	ral 1	Are-	TIE	RIE	FS	_		50		OF DEATH? 1 YES 2 NO	
	Renal Fril	LANCE	-										
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOCBITAL.					ACE OF D	EATN (Che	ck only one)				
PHYSICIAN:	1 YES 2 100	HQSPITAL: 1 □ Appetient 2 □	ER/Outpatient 3				• 5 □ R	esidence	6 Other (Specify)				
PH	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TII	ME OF JURY		AK?	_	28d. DESCRIBE HOW	NJURY O	CCURED		
BY	2 Accident Investigation	DA - DI ACE C	T IN HIPPY As be-		M de		/ES 2 [NO	AND LOCATION (C)		an an Donal (Don't Market	
ED	3 Suicide 8 Could not be determined	building,	of INJURY — At he etc. (Specify)	ime, tarm,	street, me	nory, ome	•		281. LOCATION (Street City or Town, State)		er or Hurai r	Houte Number,	
E	29a. CERTIFIER A CERTIFICATION DUMO	MINI To the head of									and a		
298. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. Concern Conce												s) and menner as stated.	
2		_											
COMPLETED	29h SIGNATURE AND TITLE OF CERTIFIE	R					200 1.10	ENSE MUM	BER	294 DA	TE SIGNED		
BE	296 SIGNATURE AND TITLE OF CERTIFIE	R / D	m				29 LIC	The NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)	
ш	206 SIGNATURE AND TITLE OF CERTIFIE TO HAME AND ADDRESS OF PERSON WITH	reful	SE OF DEATH (ITE	М 27) (Тур	e, Print)		29) LIC	76 C	BER LY	29d. DA	TE SIGNED		
BE	Dantin mn	reful	WY SE OF DEATH (ITE 4KIL	M 27) (Typ))ov	130	76 g	Gyra,	29d. DA	TE SIGNED		
BE	Dantin mn	IO COMPLETED CAU	SE OF DEATH (ITE AKLL AR'S SIGNATURE 41 (JOON—HAN	MB)ov	130	76 g	CY Graci,	29d. DA	TE SIGNED		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the tbe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (MOUNT), DW. MINY MAR 20'90

.)											50	10000	,	
	FOR ST.	TATE OF MARYLAND /	DEPAR	TMENT	OF HI	EALTH	AND N	MENTAL HY	GIENE					
	1 - REGISTRAR	CE	RTIF	ICATE	OF	DEAT	H	RE	G. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE	EATH		3	. TIME OF DEATH		
	Phenicie, MA	+ OIU+						МОНТН	DAY	7 9	YEAR 3	0608 .	М	
	4. SOCIAL SECURITY NUMBER 5. SE	EX 8. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIF	RTH	Í	B. BIRTHPL	ACE (State or Foreign	-	
	Ma-12-8865 H	M20F 65	YRS.	MONTHS	DAYS	HOURS	MIN.	Month, Day,	Year)	U	Donne	sylvania		
	9a. FACILITY NAME (If not institution, give street an	, ,		AL OUTY	, TOWN O	2 1 001710			_		TY OF DEA		_	
or	Da 11/1 (a ac	d number)		SB. CITY		M 400	-	ATH		9c. COUN	D .	1/		
0	RESIDENCE OF DECEDENT	1 MOSP ,		110	SHI	USA	er			С.	arra	5//		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN C	OR LOCATI	ON					10	od. INSIDE CITY	_	
E .	Md Carro	11	1001 011	.,								LIMITS?		
	10e. STREET AND NUMBER	<u> </u>		·		inkst						YES 2 NO		
FUNERAL					101.	ZIP CODE				10g. CITIZ		AT COUNTRY?		
Ä	1807 Reese Manor D	r.				21048					USA	1		
5		WAS DECEDENT EVER IN U.S. ARM ORCES? 1 1 YES 2 1 N	MED					IIC ORIGIN? (Spe n, Puerto Rican,		r No—	14. RACE -	- American Indian, White, etc.		
ВУ		YES, GIVE WAR OR DATES			1 TES				usus)	- 1	Specify:			
	3 Widowed & Divorced											White		
Ш	15. DECEDENT'S EDUCATION (Specify only highest grade comple		CEDENT'S	Work done	CCUPATIO	N it of workin	a	16b. KIND	OF BUSIN	IESS/INDU	JSTRY			
E I	Elementary/Secondary (0-12) Coll	ege (1-4 or 5+) life.												
AP.		4	Aud:	itor					Reta	il S	ales			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	IER'S NAI	ME (First, Middle,	Maiden Su	irname)			Т	
BE (Joseph G. Phenicie	e					Ida	Walter	s					
	19a. INFORMANT'S NAME (Type/Print)	19b	MAILING	AODRESS	S (Street ar	nd Number	or Rural F	Route Number, City	y or Town,	rn, State, Zip Code)				
5	Mrs. Jane E. Phenic	ie 1	1807	Rees	se Ma	nor	Dr.	Fink	sbur	g. M	d. 21	1048		
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Removal fr										alty or Town		-	
	1 X Burial 2 ☐ Cremation 3 ☐ Removal fr 4 ☐ Donation 5 ☐ Other (Specify)		ce)	Memo					Louri	ctou	n, Pa	1		
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE		LaLa		NAME AN			CILITY					_	
i	Je 13	8/						1	1824	Rei	sters	stown Rd.		
	ams	Lunce		E1	line	Fune	eral	Home R	eist	eŗst	own,	Md. 21136	1	
/	23. PART L Enter the diseases, or compi	icatione that caused the dea	ath. Do	not enter	the mod	de of dyl	ing, aucl	h aa cardiac o	r reepira	tory arre	est,	Approximate	Т	
	shock, or heart failure. List o	nity-one cause on each line.	/	1	0	1	- 1	/	1	Λ	2	Onset end Deati		
-	disease or condition	VII. a Sale	int	000	10	No	allo	oca ils	61.	1/00	ni	1)		
	resulting in deeth) a	DUE TO (OR AS A CONSEO	UENCE O	e.	-	rice	evo	Selle	-	The c	uce		_	
	TO TO TO A A CONSEQUENCE OF J.													
CERTIFICATION	Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF):											_		
AT	if any, leading to immediate cause. Enter UNDERLYING		22117.1											
FIC	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSEC	UENCE O	F):								+	_	
E	resulting in death) LAST													
B	d									_		1	-	
	PART li. Other significent conditione con	tributing to deeth but not re	esuiting	in the ur	nderlying	cause g	given in		WAS AN A			VERE AUTOPSY FINOINGS	;	
S	l .								PERFORM		0	WAILABLE PRIOR TO COMPLETION OF CAUSE		
ED								— I''	YES 2	_ NO		OF DEATH?		
2											'	YES 2 NO		
PHYSICIAN: MEDICAL														
C	25. WAS CASE REFERRED TO MEDICAL BY AMINER?	SPITAL:	10	OTHE		ACE OF D	EATH (Ch	eck only one)					_	
1SI		Inpatient 2 - ER/Outpatient 3	ROA			e 5 □ Re	sidence	6 Other (Spe	ctty)					
H	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIN	AE OF JURY	28c. INJU	URY AT RK?		28d. DESCRIBI	E HOW IN.	JURY OCC	URED			
ВУ	Netural 5 Pending Investigation	, , , , , , , , , , , , , , , , , , , ,		М		ES 2	NO							
		28a. PLACE OF INJURY At hor	me, farm,	street, fac	tory, office)		28f. LOCATION		d Number	or Rural Ro	ute Number,	_	
building, etc. (Specify) City or Town, State)														
Щ	284. CERTIFIER 11 CONTENTION BUYENCEAU			4-4-1					w., ===				_	
COMPLETED	Cone) 2 MEDICAL EXAMINERATION	the besident exemplation and the										and manners on states		
8		the heaty of examination and/or i	menigati	uni, ani ang s	Opinion, de	ann occur	ed et the	some, settle acid p	mace, and	salam to the	a campa(s) s	nou manner se stated.		
8E-	296. SIGNATURE AND TITLE OF CERTIFIER				7	XSe. LICE	EMSE NUR	PERMI	7	294. DATE	SIGNED IN	Movem, Days 1940		
5	Vakarol &	Tuest MA)			4	ES	20	5		1	Th	Eer yo		
-	TO TAKE THE ADDRESS OF BERSON WAY TO	AND STREET OF BEING OFFICE	at factor of the	Photos.									-	

32. REGISTRAR'S BIGHATURE Hands Ale

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached actions after death with the State Deat of Health and Mental Hotelete brior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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death	fune	Вхаш
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w bai	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire and within 22 hours after death with the State Deat of Health and Mental Motiene bridge to bunal, cremation, or removal.	eve
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Leet) ARCHIE N. PUT	NAF	^		2. DATE OF DEATH	1018	90	3. TIME OF DEATH 2/50 M	
		rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea		6. BIRTH	PLACE (State or Foreign Y) rginia	
OR	9a. FACILITY NAME (If not institution, give street and number) Baltimore County Gen. Hosp	pital		R LOCATION OF DE	ATH	9c. COU	Balt	imore	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Md. Baltimore	10c. CIT	y, town on locat Glyndor					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 1 Chatsworth Ave.		101	101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? U.S.A.					
8≺	11. MARITAL STATUS 1 Never Married 2 Married 3XXWIdowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	2 PNO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: White					c, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) LO 16.	(Give kind of life, Do NOT u	T'S USUAL OCCUPATION of work done during most of working Truse retired.) Truse retired. Construction					ı	
BE CO	17. FATHER'S NAME (First, Middle, Last) Ollie T. Putnam				me (First, Middle, Me nnie M.	Putna Putna	am		
10	19a. INFORMANT'S NAME (Type/Print) Evelyn Cornett	196. MAILING 1141	Old West	minster	Pike, We	Town, State, Zi estmins	ster,	Md. 21157	
	1 Number 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	LACE OF DISPO		ial Garde	ens	Finks		, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE H-J. Echlandt		Eck	o Accress of FA Chardt Fu 505 Reist	uneral Ch)wing	21117 s Mills, Md.	
NO	23. PART I. Enter the fleeases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, wheer failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.						24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES :		
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Ch	eck only one)				
YSIC	1 YES 2 NO 1 Inpatient 2 ER/Outpatie			ne 5 🗆 Residence	6 Other (Specify)			
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26b. TII		JURY AT ORK? YES 2 NO	28d. DESCRIBE H	OW INJURY OC	CURED		
ED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)		street, factory, offic	•	28f. LOCATION (S City or Town,	treet and Numbe State)	er or Runal i	Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination as							s) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	LD		29c. LICENSE NU	MBER 333	29d. DA	TE SIGNED	(Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	A-NDF	+CLS 70	NN M	D 2113	3.			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATI	URE							

ALL OF ALCOHOL STATES AND ALCOHOLD AND ALL AND

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ars after death. Page 6 may be retained by 1	/ TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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ATE.	9	afte	28
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TAL	MI	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ξ
SPI	INEF	thin	K
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H	HC	# file	APO
F	H	ğ	5

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

								90	10067
FOR STATE REGISTRAR	STATE OF M			MENT OF H		MENTAL HYGIEN REG. NO.	E	30	10001
1. DECEDENT'S NAME (First, Middle, Las	"s P	hilm	120			2. DATE OF DEATH DA	2	90 3.	TIME OF OEATH 240 PM
4. SOCIAL SECURITY NUMBER 180 20 8407	5. SEX 1 M 2 F	6. AGE (In yrs. le 87		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)	02	8. BIRTHPLA Country) M1SS	CE (State or Foreign
98. FACILITY NAME (If not institution, give HYATTSVILLE RESIDENCE OF DECEDENT	1		9	A .	SVILLE	MD		NCE (/
DC 10e. STATE 10b. COUN	N/A			TOWN OR LOCAT					d. INSIDE CITY LIMITS? YES 2 \(\bigcap\) NO
3728* Sherman	Avenue,	N. W.	#13	101	20010		10g. CIT	USA	r country?
IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:									American Indian, hita, etc.
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)) /			st of working	Self-	-emp]		
17. FATHER'S NAME (First, Middle, Lest) John Henry (offey				Mari		7		
190. INFORMANT'S NAME (Type/Print) Clarice W. Philm	more	1	•• м3128 Wash	Sheri Sheri nington	nd Number of Rurel Man Avent D. C.	Route Number City of Jow UE , N . W . 20010	n, State Zi #I	3 ^{Code)}	
20a. METHOD OF DISPOSITION 1	emoval from Stata		E OF DISPOSIT	ion (Name of cei derick	metery, cremetory or Funeral 1	Home Bra	e Moltas	city or Town,	
21. SIGNATURE OF FUNEBAL SERVICE	rarsi	hal	e		4217 9 Washing	ouwMarshal Oth Street Oton. D. (t, N	. W. 20011	1 Home,
23. PART Enter the diseases, of shock, or heart fellur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Due To	se Dn eech iir	10.	yeloo		h ee cerdiec or reepi	ratory er	rest,	Approximate interval Between Onset and Death
Sequentially flat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initisted events resulting in deeth) LAST	¢	OR AS A CONS							

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 5 Residence 6 Other (Specify)

27. MANNER OF DEATH 28c. INJURY AT WORK?

1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Ybar) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 📋 Homicide

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

and/or investigation, in my opinion, death occured at the time, data end place, end due to the cause(e) end

29c. LICENSE NUMBER

29d. DATE SIGNED Month, Day, 90

30. NAME AND ADDRESS OF PERSON WHO COMPLEXED CAUSE OF DEATH (ITEM 27) (Type, Print)

Andrew J. Lee M.), [160 Var www St. N& # 106 1 WASH. > 31. DATE FILED (Month, Day, Year)

32. REGISTRAN'S SIGNATURE
Suna Sandare Randare

296. SIGNATURE AND TITLE OF CENTIFIER

DHMH-18 Rev 1/89

STATE	OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND MENTA	L HYGIENE
	C	ERTIFICATE	OF DEAT	ГН	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENE REG. NO.	4	, Y.		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH			
	Mildred Sarah	Remlev				3 12		м		
-12			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	HPLACE (State or Foreign			
	161-09-6567		B5 YRS.	ONTHS DAYS	HOURS MIN.	5/27/1904	Pennsylvania			
FUNERAL DIRECTOR	Harford Memorial H			lavre de		AIN	Harfor			
EC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
HG.	Maryland Harfor	d		Aberdee	'n			LIMITS?		
9	100. STREET AND NUMBER	-			ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
ER/	120 Old Post Road				21001		USA			
N N		2. WAS DECEDENT EVER IN				IIC ORIGIN? (Specify Yee	or No 14. RA	CE — American Indian,		
	1 Never Merried 2 Merried	FORCES? 1 YES			2 X NO Specify	n, Puerto Rican, atc.)		ck, White, etc.		
ВУ	3 Widowed 4 Divorced							White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	rion mpleted)	18a. DECEDENT'S U	ork done durina ma	ON st of working	18b. KIND OF BUS	INESS/INDUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)						
MP	7	0	Kitchen	Aide		Hospit				
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S				
BE	William B. Reml	ey			Lidie	C. Layton				
2	190. INFORMANT'S NAME (Type/Print)					Ploute Number, City or Town				
- 1	Delores M. Vest						ryland 21001			
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 X Remove	20b.	PLACE OF OISPOSI other place)			1	CATION City or			
	4 Donation 5 Other (Specify)	1055	Riv		Cemetery O ADDRESS OF FA		ington,	Delaware		
	21, SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /					mo P A			
	tonneth B.	Caral.		Aberde	en, Mary	Funeral Ho land 21001	_3399	•		
	23. PART i. Enter the diseases, or con ehock, or heart fellure. Lie	mplications that caused	the death. Do no	ot enter the mo	de of dying, euc	h ae cerdlec or respi	ratory srrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Fine)	or only one couse on es	on inju.	1		1		Onset and Death		
	disease or condition resulting in deeth) a. Out of Print duy Muss T DUE TO (OR ASA CONSEQUENCE OF):									
Z	Samuelially list conditions to Colonary Willen Freare									
E	Sequentially list conditions, if any, leeding to immediate OUE TO (OR AS A CONSEQUENCE OF):									
2	CAUSE (Disesse or injury	DUE TO JOB AS A	CONSEQUENCE OF			0				
E	that initiated events resulting in death) LAST	DOE 10 (011 A3 A	CONSEQUENCE OF	•						
CERTIFICATION	d.									
AL	PART ii. Other significant conditions	contributing to death b	ut not resulting in	the underlyin	g ceuse given in	Part I. 24a. WAS AN		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
						1 TYES 2		COMPLETION OF CAUSE OF DEATH?		
ME								1 TYES 2 NO		
ż	•									
Y.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
Sic	A 1 = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	□ Inpatient 2 □ ER/Outp		OTHER: 4 Nursing Hor	e 5 🗆 Residence	6 Other (Specify)				
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT	28d. DEŞCRIBE HOW II	NJURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
	3 Suicide 8 Could not be	28f. LOCATION (Street e City or Town, State)	and Number or Rure	I Route Number,						
Ë I	4 Homicide determined									
COMPLETED		AM: To the best of my known	death occurred	d at the time, date	end place, and due	to the cause(a) and man	mer as stated,			
8	one) 3 MEDICAL EXAMINER:	On the basis of glammation	medior investigation	, in my opinion, i	leath occured at the	time, date end place, en	d due to the cause	e(e) end manner as stated.		
	29b. SIGNATURE AND TITLE OF CENTIFIER	29d. OATE SIGNI	EO (Month, Day, Year)							
) BE	1 so ver	15	(han		17532	79	▶ 3/1	3/50		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type,	Print) 23	03 Rel	Pare Re	V. Fall	Peton Mb		
	31. DATE PILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Davidson-Ro				,	2104		
- 4			-							

DHMH-16 Rev 1/89

REG. NO.

FOR STATE REGISTRAR

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BALTIMORE, MARYL	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within curs after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the find within 72 hours after death with the State Deut, of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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Z	NG P	fter th	mar
9	ENDI	R: Ai	69
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ATT.	RECTU	m 28
0	IL OF	L DIF	ite
	SPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the he find within 72 hours after death with the State Debt, of Health and Mental Hypiere prior to burial, cremation, or removal.	A L
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	王口	THI O	MPO
	F	FZ	-

	1. DECEDENT'S NAME (First,		EE RAF		CD					2. DATE OF MDNTH	DA		YEAR	3. TIME OF DEATH	
	ROBERT 4. SOCIAL SECURITY NUMBER		EE RAFF, SR. 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HI							03 23 90 7. DATE OF BIRTH 6. BIRT				4 15A M	vi.
		23	3 6 7 1	1X M 2 F 67 YRS. MONTHS DAYS HOURS M						(Month, D	ay, Year)		Country		
	579-18-4332		April 2, 192.										_		
DIRECTOR	99. FACILITY NAME (If not institution, give street and number) 99. COUNTY OF DEATH 99. COUNTY OF DEATH PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE PRINCE GEORGE														
2	10e. STATE	10b. COUNTY			9	Oc. CITY,	TOWN OR	LOCAT	ION					10d. INSIDE CITY	
	Maryland 100, STREET AND NUMBER	Prince	e George	e's		Mt.	Rain							1 YES 2 NO	
FUNERAL	4211 30th St	treet						107.	20712				JSA	HAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS OECEDEN FORCES? 1 IF YES, GIVE W			MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee of If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES X NO Specify:					or No— 14. RACE — American Indien, Bleek, White, etc. Caucasian				
9	15. DEC	EDENT'S EDUC	ATION	1	16e. DECEL	DENT'S U	ISUAL OCCI	JPATIC	N .	16b. KI	ND OF BU	SINESS/INDU	STRY		-
	Elementary/Secondery (0	highest grede o	College (1-4 or 5		Plum	NOT use	retired.)	ng mo:	Government						
50%	17. FATHER'S NAME (First, M Charles Jos		ff						18. MOTHER'S NA Nellie A		,	Surneme)			_
BE	19a, INFORMANT'S NAME (7				19b. M	IAILING A	ADDRESS (S	treet a	nd Number or Rural I			n, State, Zip C	ode)		-
2	Gloria Skag				710	4 Ha	anove	er l	Parkway	, Gree	enbel	t, Md	. 20	1770	
	20s. METHOD OF this of TI 1X Buriel 2 Department 4 Department 5 Other	iON on 3 - Remo (Specify)	val from State		other place!				terans C	em.		cation — ci		m, state Maryland	
	21. SIGNATURE OF UNITED	L SERVICE LIE	1/2	1)		_							AL HOME	
Щ	1 yeur	K/C		OK	De				Balt. Ave					20781	
	23. PART I. Enter the di abook, or he IMMEDIATE GAUSE (Fir	eert feliure. L	lst only one ceu	ee no eec	ch ilne.	i. Do no	ot enter th	e mo	de of dying, euc	h as cerdiad	or reap	iratory arres	st,	Approximate interval Between Onset and Death	
	disease or condition resulting in death)	→ .		KNO		COUENCE OF):									
_							a cen was car one						6 months	đ	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSE														_
FICA	ceuse. Enter UNDERLY CAUSE (Disease or Inju that initiated events		OUE TO	(OR AS A C	CONSEQUE	NCE OF)r							-	_
E	resulting in death) LAS	T d													
	PART II. Other significa	nt conditions	contributing to	death but	It not ree	ultina in	the unde	rlying	ceuse given in	Part 1 2/	Le WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS	_
EDICAL	toru		artery	-	-	_			given in		PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED										_ '	☐ TES 2	L NO		DF DEATH? 1 YES 2 NO	
		_				,									
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				OTHER:	26. PL	ACE OF OEATH (Ch	eck only one)					_
YS	1 YES 2 HO		1 Inpatient 2			DOA	4 🗌 Nursin		e 5 🗌 Residence		,				
		Pending Investigation	28e. OATE OF (Month, E		2	86. TIME INJU	IRY	WO	URY AT RK? /ES 2 NO	28d. OESCR	IBE HOW I	NJURY OCCU	IRED		
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 7								oute Number,	Ī					
COMPLE	TOTALK OTHER								and place, end due					and manner as stated.	
D III	200. BIGHASOME AND TITLE	OF CONTYPER	10	7					29c AICENSE NUI	MBER	-	29d. DATE	SIGNED	(Month, bay, Year)	-
TO BE	Yelan	Me	elen	/			_		0227	40		13	12	3/90	
	30. NAME AND ADDRESS OF	PERSON WHO	CHISS 4	ER OF DEAT	MC (ITEM 2	n (Npe,	SOO	CH	Benway	Ch	D	Orce	15	It Med	
	31. DATE FILEO (Month, Day,	'QO	32. REGISTRA	Marida	- 60	dell	,							20770	۷

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21203

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EG	rs after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at o

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR					HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, La Sophie Renner	ist)					2. DATE OF MONTH	DEATH DAY	_	YEAR 90	3. TIME OF DEATH	PM
	4. SOCIAL SECURITY NUMBER 578-92-1911	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS. RS MIN.	(Month, Day, Year) Country)					n
	9a. FACILITY NAME (If not institution, gi	ive atreet and number)	103	9b. CITY, 1	TOWN OR LO	CATION OF DE		-20-10	888 W. Germany			
TOH	Southern Maryla	and Hospital		C1i	nton			}	P.0	3.		
REC	10a. STATE 10b. COU	JNTY		TY, TOWN OR							10d. INSIDE CITY LIMITS?	
5	Md.	P.G.] [Jpper	Marlb				10- 0171	7511 05 11	1 YES 2 X NO)
HA	9200 Golden Ro	d Tane				772					nt Reside	ent
BY FUNEHAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 2XX Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	XXIVO	11	yee, specify (NT OF HISPAN Cuban, Mexica NO Specify	n, Puerto Ric		or No	14. RACE Black Specia	- American Indian, k, White, etc.	
	15. DECEDENT'S	EDUCATION	18e. DECEDENT'S	USUAL OC	CUPATION		16b. K	IND OF BUSI	NESS/IND	USTRY	WILLOC	
COMPLETED	(Specify only highest g Elementary/Secondery (0-12) 12	College (1-4 or 5+)	Ille. Do NOT L	work done du ise retired.) naker	iring most of v	vorking		Own !	Home			
5	17. FATHER'S NAME (First, Middle, Last)				100	MOTHER'S NA						
BE	Louis Glaser 19a. INFORMANT'S NAME (Type/Print)		105 MAII IN	2 ADDRESS		redric				Codel		_
2	Emily Tidmore				10a-10		noute Number	, City or lown,	, State, Ziji	Code		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from State	other place)		e of cemetery.					chy or To		
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	L.D	- 1663	33 Old	oness of FA l Alexa Maryla	ander	Ferry	eral Roa	Hom	e,Inc.	
CERTIFICATION	disease or condition resulting in death) SEPSIS. DUE TO (OR AS A CONSEQUENCE OF): INTROCRANIE HER PATHOGE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other elgolfloont cond	d.	hut not moulding	In the sun	to dutan an	as shorte	Book I. I.e	A- MMA AN		Lass	WERE AUTOPSY FIND	14100
PATSICIAN: MEDICAL	PERFORMED? ANALI COM 1 YES 2 NO OF E							AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	JSE			
N. S.	25. WAS CASE REFERRED TO MEDICA	AL			26. PLACE	OF DEATH (Ch	neck only one)					
5	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 🗆 DOA	OTHER		Residence	8 🗆 Other ('Specify)				
2 Accident Investigation 2 Accident 2 NO 2 Accident 2 NO 2 Accident 2 NO 2 N								RIBE HOW IN	JURY OC	CURED		
								r or Rural i	Route Number,			
S Could not be determined building, etc. (Specify) 29a. CERTIFIER (Check only one) The physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manual medical examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manual medical examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manual medical examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manual medical examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manual medical examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manual medical examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manual medical examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manual medical examination and manual exam										a) and manner as stat	ed.	
20	296. SIGNATURE AND TITLE OF CERT	THER .	mo)	290	LICENSE NU	MBER 28	,	29d. DAT	E SIGNED	(Month, Day, Year)	,
2	30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	Benjers 132 REGISTRAR'S SIG	9015	Shy	ardi	jaro	urd	CI	int	on,	ind 20	7.3
	MAR 26 '90	Julia David	son-Randals	2							DHMH-16 I	Day 1/01

DHMN-16 Rev 1/89

rmit. Pages 1, 2, 3 should

		1 - STATE OF MARY REGISTRAR		RTMENT OF H		MENTAL HYGIEN REG. NO.	E		
	i e	1. DECEDENT'S NAME (Flory Middle, Last), Gertrude 1	P. Re	idy		2. DATE OF DEATH MONTH DV	-96°	AR 3. TH	ME OF DEATH
		4. SOCIAL SECURITY NUMBER $264-78-2140$ $_{1\square}$ M $_{2}$ $_{4}$ F $_{6.}$ AG				7. DATE OF BIRTH (Month, Day, Year)	9-1 9	BIRTHPLACE Country) WASH	(State or Foreign
NG.	S.	9a. FACILITY NAME (If not institution, give street and number) ANNE ARUNDEL MEDICAL CE	NTER		APOLIS	ATH	9c. COUNTY		NDEL
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		Y, TOWN OR LOCAT				10d. I	INSIDE CITY
1		2542 MD. ANNE ARUNDEL		NNAPOL	IS		100 CITIZEN	1 🗆	YES 2 NO
J	FUNERAL	2542 NORTH HAVEN COVE			21401		U S A		
1	BY	11. MARITAL STATUS 1 Never Married 2 Married 1 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 1 17 19 1 15 1 15 1 15 1 15 1 15 1 15	ES 2 NO	If yes, sp	ecify Cuban, Maxican 2 NO Specify.		14. RACE — American Indian, Black, White, atc. Specify: WHITE		
4	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATION Work done during moise retired.)	ON est of working	18b. KIND OF BUS	SINESS/INDUST	RY	
,	COMPLET	Elementary/Secondary (0-12) Collega (1-4 or 5+)	нон	TEMAKER			HOME		
		17. FATHER'S NAME (First, Middle, Last) JOHN HENRY RUPPERT				ME (First, Middle, Maiden ISE KOCH	Surname)		
	TO BE	19a. INFORMANT'S NAME (Type/Print)				Number, City or Tow			0.1401
		JOHN K REIDY 20a. METNOO OF DISPOSITION 1 □ Burlel 2 Cremetton 3 □ Removal from Stata	20b. PLACE OF DISPO	SITION (Name of cer	metery, crematory or	COVE, AN	CATION - City	Ψ.	
		4 Donation 5 Other (Specify)	METROPOI		REMATOR		EXANDI	RIA,	VA.
		> Jeffry S. Taylor				RAL CHAP	EL. Al	NNAP	OLIS,MD.
		23. PAGE I. Eyler the cheeses, or complications that caus anock, or neart failure. List only one cause or IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	n aach line.		de of dylng, such	n as cardiac or resp	iratory arreat,		Approximate Interval Batween Onset end Death
	Z	5epa	AS A,CONSEQUENCE (
	ATIO	cause. Enter UNDERLYING	A CONSEQUENCE (OF):					
	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	S A CONSEQUENCE (OF):					
	AL	PART II. Other significent conditions contributing to deet	h but not reaulting	In the underlyin	g ceuse given in	Part I. 24a. WAS AN			E AUTOPSY FINDINGS ABLE PRIOR TO
200	MEDIC	-age				1 YES 2	NO	OF O	PLETION OF CAUSE EATH? YES 2 \(\square\) NO
7110 07	N. N								
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/C	Outpatient 3 DOA	OTHER:	LACE OF OEATN (Che				
Idinou, o	ВУ РНУ	27. MANNER OF DEATN Natural 5 Pending (Month, Day, Yes Investigation		JURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE NOW	NJURY OCCUR	ED	
200	8		URY — At home, farm, Specify)	street, factory, offic	:0	281. LOCATION (Street City or Town, State)	and Number or F	Rural Route I	Number,
IMI. II IIGII	COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my keep one) MEDICAL EXAMINER: On the basis of examiner						ause(a) and	menner as stated.
and all	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER			D24	768	≥ S	GNED (Mont	11. day. 2001)
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DASS	Print)					
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S	Binds 12		· · · · · · · · · · · · · · · · · · ·				
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3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

730

REG. NO.

2. DATE OF DEATH March

7. DATE OF BIRTH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

RUBIN

5. SEX

BOX 13146, P.0. DIVISION OF VITAL RECORDS,

4. SOCIAL SECURITY NUMBER 15 1 M 2 🗆 F YRS Russia the burial-transit permit, Pages 1, 2, 3 should 9c. COUNTY OF DEATH 9s. FACILITY NAME (If not institution, give street and number) 9h. CITY, TOWN OR LOCATION OF DEATH AA DIRECTOR RESIDENCE OF 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Anna AA mi 1 X YES 2 NO poli 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21401 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? ORCES? 1 YES 2
YES, GIVE WAR OR DATES 2 X NO If yea, specify Cuban, Maxican, Puarto Rican, atc.) Specify: White 1 Never Married 2 Married 1 TYES 2 NO BΥ 3 Widowed 4 Divorced CO ED 15. DECEDENT'S EDUCATION 18a. DECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 8 Photographer Photography 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Hyman Rubin Sarah Unknown BE netified 19s. thFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Adele P. Rubin 10 Francis Street, Annapolis, 21401 MDê 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION

1 X Burial 2 □ Cremation 3 □ Removal from Stata
4 □ Donation 5 □ Other (Specify) examiner must Kneseth Israel Cemetery Annapolis, 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home P.A. Ridgely Avenue, Annapolis medical 23. PART i. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or raspiretory arrest, Approximate ehock, or heart fellure. Liet only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel traumatic event, the disease or condition Con Ellen THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremal resulting in deeth) DUE TO OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate e. Enter UNDERLYING Jano S CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated evente resulting in deeth) LAST 23 shows any injury, 24a. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem HOSPITAL: OTHER: 1 YES 2 NO tlant 2 - ER/Outpatient 3 - DOA ne 5 - Rasidence 8 - Other (Specify) 0 27. MANNER OF OFATH 28a, DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED marked, INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 28s. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be datermined COMPLETED 4 🗌 Homicida MPORTANT: if item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On this basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE 8 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE wha Davidson - Rindell DHMH-16 Ray 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In vrs. last birthday)

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OF ALLENDING PRINCIPLY, THE LAW INVENTED BIRD COMMISSION OF MANUEL PRINCIPLY AND ALLENDING TO THE PRINCIPLY AND ALLENDING TH	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	tem 28 is marked or item 23 shows any injury or other traumatic event, the medical

	1 - STATE REGISTRAR	SIAIE UF I		ERTIF					REG.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT	Н		3. TIME OF DEATH	
	MARIE	W.	ROBER	TS					03	21	90	7:30 p M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yes	r)	8. BIRT	HPLACE (State or Foreign	
	577-18-6090	1 M 2 X X	80	YRS.	MONTHS	DATE	HOUNS	mirt.	9-23-0	9		ginia	
~	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY			ON OF DE	ATH		OUNTY OF		
DIRECTOR	SOUTHERN MARYLA	ND HOS	PITAL	CENT	ER	С	LIN	LON		PRI	NCE	GEORGES	
EC	10a. STATE 10b. COUNTY			-	Y, TOWN	R LOCAT	ION			***	10d. INSIDE CITY		
	Md.	P.G.			Bra:	ndy	vine					1 TES YES NO	
FUNERAL	10e. STREET AND NUMBER					10f	ZIP CODE			10g. C	ITIZEN OF	WHAT COUNTRY?	
5	13820 Park Av	enue					206	13			USA		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN USE.	THRED					C ORIGIN? (Specif		14. RAC Blac	CE — American Indian, ck, White, etc.	
BY	₩XWidowed 4 Divorced					Specify:		•	Spe	ww.White			
1	15. DECEDENT'S EDUC	DECEDENT'S	USUAL O	CCUPATIO	N .		16b. KIND O	BUSINESS/I	NDUSTRY				
ETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	/	(Give kind of ite. Do NOT u	work done se retired.)	during mo	st of workin	g	0.0 10-0.0				
李	8	0		fete	ria	Mar	nage	r	P.G.	Elei	ment	ary School	
100	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAM	NE (First, Middle, Mi				
BE	Albert E. Will	Kins							A. Roc				
0	John Roberts		1						oute Number, City o	Town, State,	Zip Code)		
						-		10f.					
	20e. METHOD OF DISPOSITION	oval from Stata	other	E OF DISPO						LOCATION			
	Ft. Lincoln Cemetery Brentwood Md. 21. SNOWTURE OF FUNERAL SERVICE LICENSEP 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road												
	Jevanne	OF	pto	.)	66	33	Old	Ale	xander	Feri	cy R	oad	
	CITICON, Maryland 20/35												
	shock, or heert failure. List only one bause on each line.										Approximata intarval Between		
	iMMEDIATE CAUSE (Final disease or condition	6/	000	a l		× A .	Ta	71.	01			Onset and Death	
	resulting in death) - a									ZWICS			
_		DUE TO (OR AS/A CONSEQUENCE OF): TO EMBE									i		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate												
S	cause. Entar UNDERLYING CAUSE (Disease or injury	Sel	The	8/7	82	K							
H	that initiated events	DUE TO	(OR AS A CONS	EQUENCE O	P:)	2 6						
H	Todating in death, Exs.	d. (1)	, 1/1	CV	en	3/1	MI	<u>C</u>					
	PART II. Other significant cognition	s contributing to	death but not	t regulting	in the ur	darlying	cause (given in I	Part i. 24a. W	S AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS	
DICAL	SAMMIC	Perto	LAT	LOK	1					RFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
MEC	Column	Ueka	2 80	IND	no	WE	- 1				- 1	1 YES 2 NO	
		90.	1										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			07115		ACE OF D	EATH (Che	ck only one)				
PHYSICIAN:	1 TYES 2 THO	1 Inpetient 2	ER/Outpatient	3 DOA	4 Nur		e 5 □ Re	sidence	□ Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, E	INJURY lay, Year)	28b. TIN	URY		RK?		28d. DEŞCRIBE H	OW INJURY (CCURED		
BY	2 Accident Investigation	20- BLACE C	E IN HIEW AND		M		rES 2	NO	201 1 2017/01/10				
ED	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)	nome, tarm,	street, rac	ory, onic			281. LOCATION (S City or Town,		ber of Hurai	Houte Number,	
LET	29a, CERTIFIER	CIAN. To C.											
COMPL	(Check only	CIAN: To the best of R: On the beals of a										(8) and menner as stated.	
	INA GIGNATUME AND STILE OF CERTIFUE			yatı	a we my	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
BE	THE ADAM	1					Zac. LICI	149		294. 0	ATE SIGNE	(Month, Day, Year)	
2	M. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Turne	Print)		U		7)		MI	The state of the s	

801

32. REGISTRAR'S SIGNATURE

Sulia Davidson-Randall

Month, Day, Year)
MAR 26

MAR

DHMH-16 Rev 1/89

MQ 20735

BALTIMORE, MARY OF 21203-3146	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be included the control of attending physician.	TIO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 continues as the burial-transit permit. Pag	Change of the last	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be newered, or item 23
MORE,	Раде 6 тау b.	I director, page		ner must be
BALTI	s after death.	by the funera	emova.	dical examin
	Juc	filled in	lon, or r	he me
3146,	ecuted within	nd completely	burial, cremat	itic event, i
BOX 1	tificate be exi) physician a	ene prior to	ther trauma
P.0	eath cer	attending	ntal Hygi	y, or o
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	aw requires that the de	s been signed by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	3 shows any injur
ITAL	N: The	ficate ha	State De	item 2
OF V	HYSICIA	this certi	with the	ked, or
NO	NDING F	R: After 1	or death	is mar
SIVIS	DR ATTE	DIRECTOR	ours afte	tem 28
	SPITAL	INERAL (thin 72 h	INT: IL II
	THE H	TO THE FL	be filed wi	IMPORTA

les 1, 2, 3 should

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGIOTHAN			_,,,,,,	9711				HEC	2. 140.			
	1. DECEDENT'S NAME (First, Middle, Last) BERENICE ROB	BERTSON							2. DATE OF DEA	DAY 23		YEAR 90	TIME OF DEATH 3 05A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIR' (Month, Day,)			Country)	ACE (State or Foreign
	063-44-3665	1 M 2 XF	82	YRS.	10.1.								
~	9a. FACILITY NAME (If not institution, give si				9b. CITY, TOWN OR LOCATION OF DEATH								
DIRECTOR	PRINCE GEORGE'S	HOSPITAL	CENTER		CHEVERLY PRINCE						INCE (SEORGE'S	
ñ	10a. STATE 10b. COUNTY	7		10c. CITY	, TOWN O	R LOCAT	ION (1	Od. INSIDE CITY LIMITS?
늅	Mđ.	P.G.		Clinton .								☐ YES 2 XX	
AL	10e. STREET AND NUMBER					10	. ZIP CÓD				10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL	8600 Mike Shapir							0735			US	EA	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR						IC ORIGIN? (Spec I, Puerto Riceri, a		or No	Black, 1	- American Indian, White, atc.
BY	3 ☑ Widowed 4 □ Divorced	IF YES, GIVE V	WAR OR DATES		1	YES	ŽXX NO	Specify:				Specify:	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		18a. DE	CEDENT'S	USUAL OC	CUPATIO	ON of workly	na	18b. KIND	OF BUSI	NESS/IND		
LET	Elementary/Secondary (0-12)	College (1-4 or 5	Ma	. Do NOT us	e retired.)	orang me	at or working	78					
MP	10	0	He	omema	ker					1 Ho			
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, I		Surnama)		
BE	William Sergeant 198. INFORMANT'S NAME (Type/Print)	-							t Unkno	-			
9	Eugene Robertson								loute Number, City Ipper Ma				0772
	20a. METHOD OF DISPOSITION		20b. PLACE									City or Town	
,	XX Burial 2 Cremation 3 Ram 4 Donation 5 Dother (Specify)	oval from Stata	Sprin	ngfie:	ld Ce	ente	r Cer	meter					Ctr.,NY
	21. SIGNATURE OF FUNERAL SERVICE LIC	11	22. NAME AND ADDRESS OF FACILITY Lee F 6633 Old Alexander Fer					Fun	eral	Home	,Inc.		
	· Muth.	Har	h		CI	int	on, Ma	aryla	ind 2073	35	NOa	.u	
	23. PART I. Enter the diseesea, or of ahock, or heart failure.	complications the	t caused the de	eth. Do n	ot enter	the mo	de of dy	ing, auch	n aa cardlac o	reapir	atory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final		1			1.							Onset and Death
	disease or condition resulting in death)	·	OR AS A CONSE	mal	7/	ARK	its 1						
_			ni P	Mer	1/2	, 7	1150	arl					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	IOR AS A CONSE	QUENCE OF	7:	0	/						
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	a also	aren	uma	4	Car	or			_			
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	U								j
CE		d											1
AL.	PART II. Other algnificent condition	a contributing to	death but not	resulting i	n the un	deriyin	g cause	given in		MAS AN A	AUTOPSY MED?	/	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
EDICAL									10	YES 2	☐ NO		OMPLETION OF CAUSE OF DEATH?
Σ									-			1	☐ YES 2 ☐ NO
AN	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF I	DEATH (Che	ock only one)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	3 DOA	OTHER	1 :			8 Other (Spec	Hv)			
Ť	27. MANNER OF DEATH	28a. DATE Of	F INJURY Day, Year)	28b. TIM		28c. IN.	JURY AT		28d. DESCRIBE	**	JURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2 [□ NO					
	3 Suicida 8 Could not be	28s. PLACE (building	OF INJURY — At he , etc. (Specify)	ome, farm, a	street, facto	ory, offic	00		28f. LOCATION City or Town		nd Number	r or Rural Ro	ute Number,
1	200 CERTIFIER				_	_						_	
COMPLETED	(Check any 1 CERTIFYING PHYS	ICIAN: To the best of											and manner as stated.
BE	29b. BIOMATURE AND TITLE OF CENTURE	"	1,0.				29c. LIC	ENSE NUM	ABER 115		29d. DAT	E SIGNED (Mohtle, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	1	ISE OF DEATH (ITE	M 27) (Type,		RI	mors	112	De. 6	201	1007/	le us	010852
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE		10	u		1	1			1	7
	MAR 26 '90	gruna vai	40001-16										

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND /				EALTH DEAT		MENTA	L HYGIENI REG. NO.	Ē		
	1. OECEOENT'S NAME (First, Middle, Lest) Ernest				Ryan				MONT 03	2	5 9	YEAR 90	3. TIME OF DEATH 12:52 p -M
	4. SOCIAL SECURITY NUMBER 216-20-6769	5. SEX 1 (X) M 2 - F	6. AGE (In yrs. last		IF UNDER	DAYS	IF UNDER	MIN.	(Mont	of BIRTH /08/26		Counti	Md.
TOR	98. FACILITY NAME (If not institution, give s Greater Balt RESIDENCE OF DECEDENT		ical Ce	nter		TOW	SON	ON OF DE	ATH		Balt		
DIRECTOR	10e. STATE 10b. COUNTY Md. Balt				y, TOWN C		TION					10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 2125 Mt. Carmel	Road	ad 101. ZIP CODE 21120						10g. CITIZEN OF WHAT COUNTY			WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 ONbroed	FOROTOR A VEG A VIO					WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Not yes, specify Cuban, Maxican, Puerto Rican, atc.) WES 2 NO Specify:				or No—	14. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondery (0-12) 11 th qrade	CATION completed) College (1-4 or 5 +	(Gi life.	CEDENT'S We kind of Do NOT u		CCUPATIO during mo	ON ist of workli	ng		Black a			er
BE COM	17. FATHER'S NAME (First, Middle, Last) John Ryan							HER'S NA	ME (First,	Middle, Maiden			
TO B	196. INFORMANT'S NAME (Type/Print) Ina L. Ryan		2	125 1	4t. (Carmo	el Ro	1.,Pa		on, Md	211	20	
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIM	OFFICER CO		of dispo	ores	st V	etera etera	an's		. Owi		Mill	s, Md.
	> Steen	W. El	?ine							Eline ampstea			
	23. PART i. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	se on aech line	140	Pro	- ,		ing, suc	h aa car	diac or reapi	ratory arr	est,	Approximete interval Batween Onset end Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C	(OR AS A CONSEC										
MEDICAL CE	PART II. Other significant condition	na contributing to	death but not r	esuiting	in the u	nderlyin	g cause	given in	Part i.	24a. WAS AN PERFOR	RMED?	240	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
													1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	X DOA	OTHE	R:	LACE OF C			er (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TH		28c. IN.	JURY AT ORK? YES 2		T	SCRIBE HOW I	NJURY OC	CUREO	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	ome, farm,	street, fac	tory, offic	00			CATION (Street of or Town, State)		or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI												s) and manner as stated.
TO BE C	296. SIGNATURE AND THE OF CENTIFIE	1	l	N	2			ENSE NU			29d. DAT	E SIGNE	Month, Day, Year)
-	30. NAME AND ABORESS OF PERSON WI	HO COMPLETED CAU	SE OF DEATH (TTE	M 27) (Typ	e, Print)								
	31. DATE FILED (Month, Day, Year) MAR 27 '9	32. REGISTRA	S SIGNATURE	son-A	Indell	-							

DHMH-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	IENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPAR CERTIF						YGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) Dorothy Eliza	beth Rogers						2. DATE OF MONTH	DEATH	Y C	YEAR	3. TIME OF DEATH 9:30AM
1	4. SOCIAL SECURITY NUMBER		s. inst birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			PLACE (State or Foreign
	578-24-9621	1 □ M 2 🔯 F 75	YRS.	MONTHS	DAYS	HOURS	MIN.	03-20	5-14		Vi	rginia
	9e. FACILITY NAME (If not institution, give stre	ution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								ATH		
OH	4178 Carrs Rid	ge Road		Edge	ewa	ter				Anne	Ar	undel
ECI	RESIDENCE OF DECEDENT 10a. STATE MD JOB. COUNTY Anne	Arundel	10c, CIT	Y, TOWN OF	LOCATI	ON					10d. INSIDE CITY	
DIR	MD Anne	Arundel	Edd	y, town or Jewa	ter		1				- 1	LIMITS? 1 X YES 2 NO
AL	10e. STREET AND NUMBER					ZIP CODE				10g. CITIZ	ZEN OF W	HAT COUNTRY?
FUNERAL DIRECTOR	4178 Carrs Rid	<u> </u>			2	1037				US	A	
F	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	AF NO	H	yes, spe	city Cuber	, Mexican	C ORIGIN? (S , Puerto Rica		or No-	14. RACE Black	— Americen Indien, , White, atc.
BY	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATES	3	1	☐ YES	XX NO	Specify:				Specif	"White
ED	15. DECEDENT'S EDUCA (Specify only highest grade of		. DECEDENT'S	USUAL OC	CUPATIO	N at of working	7	16b. KII	ND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)	(Give kind of a	-				1	L			
MP	1.2 17. FATHER'S NAME (First, Middle, Lest)		Waitre	ess		40.040000		REST	tuar			
8	Hary Travis					16. MUTH		gare			man	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a	nd Number						
2	Diane Smallwoo	đ	1712	2 010	d T	own	Roa	d, Ed	dgew	ater	, M	D 21037
	20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remo	val from State Oth	ACE OF DISPOS per plage)				-			CATION —		
	4 Donetion 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICE		ryland			ans			Cr	owns	vil	le, MD
	21. SIGNATURE OF 11 1 1 1			Ha	ard	esty	Fu	neral				
- 12	vate of in	4/4						Ave.				
		lat only one cause on each		not enter	ine mo	de or dyn	ng, sucn	i as cardiac	or reap	iratory arr	est,	Approximate interval Between Onset end Death
	IMMEDIATE CAUSE (Final disease or condition	oat cell (CAO	F 1	UU	1						Ruos.
	resulting in death) a	DUE TO (OR AS A CO		`	`~	/						
Z	Sequantially liet conditione,											
A	if any, leading to immediate causa. Entar UNDERLYING	DUE TO (OR AS A CO	INSEQUENCE O	F):								
임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE O	F):								
CERTIFICATION	reculting in death) LAST											
	PART il. Other aignificant conditione	contributing to death but	not resulting	in the unc	derlying	cause g	jiven in l	Part I. 24		AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								_ 1	PERFO	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MED								_			-	1 TYES 2 NO
ž												0
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	t:			ick only one)				
ΤΥS	1 VES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpatie	ent 3 ∐ DOA 28b, TiR		ing Hom 28c, INJ		aldence	a Other (S		INJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY		RK? res 2] NO					
р Вү	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJURY building, etc. (Specify)		street, facto	ory, offic	•			ON (Street lown, State		or Rural F	Route Number,
==	4 Homicide determined											
COMPLETED	CONSCIN ONLY	CIAN: To the best of my knowledg										
00	one) 2 MEDICAL EXAMINER	R: On the basis of examination an	nd/or investigati	on, in my o	pinlon, d	eath occur	ed at the	time, date en	d place, e	nd due to th	ne ceuse(e) end manner ee stated.
BE	296. BIGNATURE AND TITLE OF CERTIFIER	o posicio (1.	D			29c. LICE	NSE NUN	IBER		29d. DAT	E SIGNEO	(Month, Day, Year)
2	36. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) /5~	2. Print)		Ul	78	20		,	>117	110
	Straut E. Selo	will, mio.	SIFU	auli	(in	Sti	AL	<i>ruar</i>	polis	· Cu	d	21014
	31. DATE FILED (Month, Day, Year) MAR 2.0	32. REGISTRAR'S SIGNATURE 1990 Julia David	ME Bon-Ron	dell								

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DING PHYSICIAN: The law requires that the death certificate be executed within an	After this certificate has been signed by the attending physician and completely filled in by	í
5	9	3
2	5	3
	44	٦
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-	FOR STATE REGISTRAR	STATE OF		PEPARTMENT OF RETIFICATE O		MENTAL HYGIENE REG. NO.	
1, D	DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	
	S	amuel	Charles	Ringgold	d, Sr.	March 26	,

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	REG. NO	E			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF OEATH	
- 1	S	Samuel C	harles	Ri	naaold	. Sr.	March 26		990	12:45 a ^M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign	
	222-05-4486	1 Q M 2 □ F	76	YRS.	MONTHS DAYS	HOURS MIN.	06/23/1	3		ster. MD	
	9e. FACILITY NAME (If not institution, give a	treet and number)	, 0		9b. CITY, TOWN	OR LOCATION OF D			INTY OF D		
5	Anne Arundel M	Medical	Center		Ann	apolis		An	ne A	rundel	
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY				Y. TOWN OR LOC					104 INCIDE CITY	
			1	100. 011		11124			10d. INSIDE CITY LIMITS?		
	Maryland Que	een Anne	S			ster Of. ZIP CODE		10a CE	TIZEN OF V	1 TYES 2 NO WHAT COUNTRY?	
5		G1- E					0				
UNCHAL	215 Goodhand	12. WAS DECEDENT		MED	13. WAS DE	2161	9 NIC ORIGIN? (Specify Yes		U.S.	E — American Indian,	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2		If yes, s		nn, Puerto Rican, etc.)		Speci	k, White, etc.	
	3 Widowed 4 Divorced					X op.o				white	
3	15, DECEDENT'S EDU (Specify only highest grade		(G/	ve kind of	USUAL OCCUPAT		16b. KINO OF BU	SINESS/IN	OUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+	·) life.	Do NOT u	se retired.)						
COMPL	9		Wa	ter	man an	d Carpe					
3	17. FATHER'S NAME (First, Middle, Last)		,				AME (First, Middle, Maiden	Surname)			
	Samuel C. F	(inggoid		- A4 A II 1A14	ADDRESS (O		ys White Route Number, City or Tow	m Dinto 7	To Code		
2	ALice C. Rin	bassa la			·					C10	
1	20a. METHOD OF DISPOSITION	iggora				emetery, crematory or	Rd., Chete		- City or To	5-14-14-14-14-14-14-14-14-14-14-14-14-14-	
	1 XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other pla	ece)		Cemeter				Q.A. C lle. MD	
	21. SIGNATURE OF JUNERAL SERVICE LI	CENSEE	- I blev	ens	22. NAME	AND ADDRESS OF F	ACILITY				
	Many 15	401. 6.	1				ein Fune				
Н	committee Kin	ujerou	~~	-Ab - D-	Rt.		66B, Che				
	23. PART I. Enter the diseases, or ahock, or heart fellure.									Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	0 100	ioselero	1.	Hens	Descent	with a Pardiac (2101	~ .	Onset and Death	
	resulting in death)	e	(OR AS A CONSE		E CANA	vojene	wern w	OV P	ory	_	
- 1		a	do	n	20110	and 1	grafia (Juse	1-	Martin	
- I	Sequentially list conditions,			OHENCE C	7 - 0 - 0						
2		DUE TO	(OR AS A CONSE	JUENCE C	rr j:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CALIDIA	If eny, leading to immediate ceuse. Enter UNDERLYING	c								1,2003	
IFICATION	If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	(OR AS A CONSEC								
ERIFICATION	if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	c								,,,,,	
L CERTIFICATION	If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSEC	OUENCE (PF):	ing cylune givyd i	n Part I. 24e. WAS AI		Y 241	b. WERE AUTOPSY FINDINGS	
ICAL CE	If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEC	OUENCE (PF):	ing cylune gived in	PERFO	RMED?	Y 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ICAL CE	If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	(OR AS A CONSEC	OUENCE C	or): In the underly	ing caluse gived in	n Part I. 24e. WAS AI PERFO	RMED?	Y 241	AVAILABLE PRIOR TO	
MEDICAL CE	If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	(OR AS A CONSECUTION OF	OUENCE C	or): In the underly	ing cylune gived in	PERFO	RMED?	Y 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL CE	If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	c. DUE TO d	(OR AS A CONSECUTION OF	OUENCE C	in the underly	PLACE OF OEATH (C	PERFO	RMED?	Y 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL CE	If erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	death but not r	neulling	in the underly	PLACE OF DEATH (C	PERFO	RMED?	Y 24t	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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BY PHYSICIAN: MEDICAL CE	If erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO d	(OR AS A CONSECTION OF INJURY — Al hoetc. (Specify) If my knowledge, do examination and/or SE OF DEATH (ITE	DUENCE C	26. OTHER: 4 Nursing H ME OF JURY M 1 street, factory, of	PLACE OF OEATH (Comme 5 Residence NJURY AT NORK? YES 2 NO flice site and place, and du , death occured at th	PERFO 1 YES theck only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and me time, date and place, a	and Numb	tated. ATE SIGNE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and menner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	If erry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inputient 3/2 28s. DATE Of Month, D 28s. PLACE Of building. SICIAN: To the best of series of series ER HO COMPLETED CAU	(OR AS A CONSECTION OF INJURY — Al hoetc. (Specify) If my knowledge, do examination and/or SE OF DEATH (ITE	DUENCE C	26. OTHER: 4 Nursing H ME OF JURY M 1 street, factory, of	PLACE OF OEATH (Comme 5 Residence NJURY AT NORK? YES 2 NO flice site and place, and du , death occured at th	heck only one) 6 Other (Specify) 28d. GESCRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(s) and make time, date and place, a	and Numb	occured or Rural tated.	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Route Number,	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Page filed within 72 hours after death with the State Dect. of Health and Mental Hypiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH A		HYGIENE REG. NO.	30 1007
	1. DECEDENT'S NAME (First, Middle, Last)	<u> </u>		2. DATE O	F DEATH	3. TIME OF DEATH
	LOREN	KEED		3 SWITH	- 3 DAY 9	0 11 -2 A H
	4. SOCIAL SECURITY NUMBER	8. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24	(Afanth	F BIRTH	8. BIRTHPLACE (State or Foreign Country)
	313-32-7741 Se. FACILITY NAME (If not institution, give st	1 M 2 F YRS.	96. CITY, TOWN OR LOCATION	3	30/ 12 Se COM	ITY OF DEATH
DIRECTOR	ANNAPOLIS RESIDENCE OF DECEDENT	Cow. Couter	Annapa	olis M	18. Q	an
REC	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION	41		10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	een Annes	Stevens 101, ZIP CODE	ville	10g, CITIZ	1 FYES 2 NO
FUNERAL	200 Stown	willo apy	316	66		5
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \(\text{\ballet} \) YES 2 \(\text{\ballet} \) NO	13. WAS DECENDENT OF If yes, specify Cuben,			14. RACE — American Indian, Bleck, Whita, etc.
BY	3 Midowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 - YES 2 740	Specify:		Specify: RLunt
	15. DECEDENT'S EDUC		USUAL OCCUPATION	16b. I	(IND OF BUSINESS/IND	USTRY
COMPLETED	(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	work done during most of working se retired.)			
M	V	<u>U</u>	inhled			
8	17. FATHER'S NAME (First, Middle, Last)	0 1	16. MOTHE	R'S NAME (First, MI	ddle, Malden Sumame)	1
BE	Severn	Meed		Bets	y Rec	201
2	19e. INFORMANT'S NAME (Type/Print)	P 26 A	ADDRESS (Street and Number of	or Rural Route Numbe	r, Gry or Town, State, Zip	Code)
	20a. METHOD OF DISPOSITION	20h PLACE OF DISPO	SITION (Name of cometery, creme	forv or	20c. LOCATION —	City or Town State /
	1 🗹 Burial 2 🗆 Cremation 3 🗆 Rame 4 🗆 Donation 5 🗆 Other (Specify)		000	05	STM	estrat Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC		22. NAME AND ADDRESS	S OF FACILITY	1 0/ /- 1	21601,
	Price 9	Sahul BS.	322	East	- aue,	Enstow M.
		complications that caused the death. Do a	not enter the mode of dyin	g, euch ee cerdi	ec or respiratory arr	est, Approximate Interval Between
	IMMEDIATE CAUSE (Finel		0 -			Onset and Death
	disease or condition resulting in death)		Cancer			9 mos
		DUE TO (OR AS A CONSEQUENCE O	1F) :			
CERTIFICATION	Sequentielly list conditions,	b DUE TO (OR AS A CONSEQUENCE O)F):			
Ε	if eny, leading to immediate ceuse. Enter UNDERLYING		.,			
트	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE O	F):			
	resulting in death) LAST	d				
	PART II. Other significent condition	ns contributing to death but not resulting	in the underlying cause of	ven in Part i.	24a, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL		re heart fail			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	COPPO	0	300 30		1 TYES 2 NO	OF DEATH?
PHYSICIAN: MEDIC	Cardia	and wither	aC .			1
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DE	ATH (Check only one)	
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Homa 5 Res	idence 6 🗆 Other	(Specify)	
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year) 28b. TIN	ME OF 28c. INJURY AT WORK?	28d. DES	CRIBE HOW INJURY OC	CURED
BY	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2	NO		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	street, factory, offica		TION (Street and Number r Town, State)	r or Rural Route Number,
	29a. CERTIFIER	ICIAN: To the heat of my beautiful and any		and due to the co		
COMPLETED	(Check only	ICIAN: To the best of my knowledge, deeth occur ER: On the beste of axemination and/or investigation				The second of th
	296. SIGNATURE AND TITLE OF CERPTER	- I I I I I I I I I I I I I I I I I I I				
BE	Adama a	mu QX	29c. LICE	NSE NUMBER	29d. DAT	E SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DEATH (ITEM 27) (Type	e, Print)		. /	2/10/80
	ANNIBORLIS	Congrunto Ontes	Annua	dec A	21	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		1.3 //	V	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, crer	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic even
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H	H	2	=

31. DATE FILED (Month, Day, Year) MAR 12

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH S Rock Barbara 3 3:35 90 AM A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 63 1 🗆 M 2 🕅 F 148-16-1683 YRS. 09 20 26 New Jersey Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Easton Talbot RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Talbot Easton 1 YES 2X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt 1 Box 360A 21601 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2000 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 X Merried If yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES 2 X NO Specify: IF YES, GIVE WAR OR DATES Specify: B 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Shea Grace Mercier BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Thomas F. Rock 1 Box 360A Easton MD 21601 20a. METHOD OF DISPOSITION 3/10/90
1 Burlel 2 CACremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donation 8 Other (Specify) Eastern Shore Crematorium Georgetown DE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home JOHN R. MERCEROF Easton, MD 21601 23. PART I. Enter the disease, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert fellure. Liet Dnly one ceuse Dn each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition THACEN ESPAL resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) NOSPITAL: 1 YES 2 NO EXAMINER? OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 8 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED INJURY Natural 5 Pending М 1 YES 2 NO BY Accident investigation 3 Suicide 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined ᆸ COMPL 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the couse(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Ha 13-122 90 2 30. NAME AND ADDRESS OF FERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Rt 3 Box 106 Stephen P. Carney, M.D. 21601 Easton MD

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within concern feedsh. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filed within 72 hours after death with the State Dent. of Health and Menical Hydiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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Ann H.

31. DATE FILED (Month, Day, Year)
MAR 1 2 90

Webb, M.D.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA				EALTH AND I	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) Melvin C		Russe				2. DATE MONTH Mar	ch 7	, 199		TIME OF DEATH 12:10 Pw	
	4. SOCIAL SECURITY NUMBER 215-18-8961	1 💢 M 2 🗆 F	yrs. lest birthd	S. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	03	OF BIRTH 1, Day, Year) 26 15	M	aryl		
1	90. FACILITY NAME (If not institution, give st Memorial Hospita RESIDENCE OF DECEDENT								9c. COUNT	albo		
DIRECTOR	Maryland Talb										d. INSIDE CITY LIMITS? YES 2 X NO	
FUNERAL		Route 1, Box 21 21654							U.S	5.A.	T COUNTRY?	
BY	11. MARTIAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, specify Cuben, Maxican, Puerio Rican, etc.) 1 X YES 2 No Specify: World War II					4. RACE — Black, W Specify: Whi	American Indian, this, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working) 16b. KIND OF BUSINESS/IND (She kind of work done during most of working)								STRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) John Thomas Ru	ssell				16. MOTHER'S NA Elmira	Ma	Middle, Maiden	Surname) Ellis			
5	19a. INFORMANT'S NAME (Type/Print) Bernice S. Russell Rt 1 Box 21 Oxford MD 21654 20a. METHOD OF DISPOSITION 3/9/90 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or 20c. LOCATION — City or Town, State											
	20a. METHOD OF DISPOSITION 3 Remit 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	other place) oodlav	vn Me	MOY:	ial Par	CILITY	Ea	ston		ryland	
	Newnam Funeral Home Easton, Maryland 21601 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate											
	ahock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Respiratory Arrest DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions,	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	rrest								Min.	
CERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	Myocardia DUE TO (OR AS A	1 In	fact	ion						Day	
CERT	resulting in death) LAST	LLL Pneum									Day	
PHYSICIAN: MEDICAL	Severe COP	D	t not resulti	ng in the u	nderlying	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	rtlent 3 🗆 DO	OTHE 4 Nu	R:	ACE OF DEATH (C/						
ВУ РН	27. MANNER OF DEATH 1 X Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		TIME OF INJURY M	10	res 2 No		CRIBE HOW I				
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Special	(v)				City	ATION (Street or Town, State)			te Number,	
COMPI	(Check only one) 2 EDICAL EXAMINE	CIAN: To the best of my knowle R: On the basis of examination				eath occured at the	time, date				nd manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	estu	/ TAL (17014 0- 1	See Outof		D1096				3/9/	190	

Dutchman's Lane

21601

Easton MD

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E, MARYLAND 21203-3146	I or attending
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MAR	retained
뜻,	тау be
LTIMORE	Page 6
5	sath.

TO THE FUNCEAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the confidence of the function of the func DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGI REG.
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEAT

1.	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN		00 1000		
1. D	Anna Gertri	ude Ropko			2. DATE OF DEATH DO NONTH DATE 13,	1990 YE	3. TIME OF DEATH 1:45 Pm			
	178-20-0601	1 □ M 2 X X F	86 YRS.	IF UNDER 1 YEAR SONTHS DAYS	HOURS MIH.	,	903	NRTHPLACE (State or Foreign country)		
	FACILITY NAME (If not institution, give st 8908 59th Avenue				n Heights	АТН	9c. COUNTY	ce George		
100.	STATE 106. COUNTY	ce George	10c. CITY,	eights		10a CITIZEN	10d, INSIDE CITY LIMITS? TYPES 2 NO OF WHAT COUNTRY?			
ERA ERA	8908 59th Avenue		20740				USA			
i 1/5	MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, 1 YES 2 NO Specify:				an, Puerto Rican, atc.) Black, White, etc.				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) 2 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) LOMEMAKEY				186. KIND OF BUSINESS/INDUSTRY Home				
<u>"</u>	ATHER'S NAME (First, Middle, Leat) John Scovitch Eva Ma				AME (First, Middle, Maiden Surneme) Pric Scovron					
2	Fred Ropko	200	11509	Daisy		enn Dale,		769		
40	Buriel 2	oval from State	other place) Dte of He	aven C	emetery AND ADDRESS OF FA CK Funera	Si1	ver Spr	ring, MD		
Se Se CALICALION CALIC	MEDIATE CAUSE (Final sease or condition sulting in death) equentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events sulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF		elier dil hear,	i fa	At line	Onset and Deat		
PA PA 25.	RT II. Other significant condition	s contributing to death b	ut not resulting in	the underly	ring cause given in		RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25.	WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 NO	HOSPITAL: 1 Input lant 2 ER/Outs	patient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch					
11	MANNER OF DEATH Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. JRY 1	INJURY AT WORK?	28d. DESCRIBE HOW				
	3 Suicide a Could not be detarmined 286. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 287. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Houte Number,		
O C	construction only				n, death occured at the	time, date and piece, a	nd due to the co	GNED (Month, Day, Year)		
	NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF DE	ATH (LIGH 27) (Type,	Print)	D133	Ind	217	160		
31. M	DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE		7					

er death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached al.	I examiner must be notitled at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a requires after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.	

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.

BAYSIDE NURSING CENTER LEXINGTON PARK ST. RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND ST. MARY'S RIDGE	3. TIME OF OEATH 6:30 A. M 8. BIRTHPLACE (State or Foreign Country) MARYLAND NTY OF OEATH MARY S
4. SOCIAL SECURITY NUMBER 213-74-9488 1 M 2 XF 93 YRS. 90. FUNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 XF 93 YRS. 90. FACILITY NAME (If not Institution, give street and number) BAYSIDE NURSING CENTER BAYSIDE NURSING CENTER LEXINGTON PARK ST. 100. CITY, TOWN OR LOCATION MARYLAND ST. MARY'S RIDGE	8. BIRTHPLACE (State or Foreign Country) MARYLAND
213-74-9488 1 M 2 XF 93 VRS. MONTHS OAVS HOURS MIN. (Month, Day, Year) DEC. 24, 1896 96. FACILITY NAME (If not institution, give street and number) BAYSIDE NURSING CENTER LEXINGTON PARK ST. RESIDENCE OF DECEDENT 106. CITY, TOWN OR LOCATION MARYLAND ST. MARY'S RIDGE	MARYLAND NTY OF OEATH
99. FACILITY NAME (If not institution, give street and number) BAYSIDE NURSING CENTER LEXINGTON PARK ST. BAYSIDE NURSING CENTER RESIDENCE OF DECEDENT 109. STATE 109. CITY, TOWN OR LOCATION MARYLAND ST. MARY'S RIDGE	MARYLAND NTY OF OEATH
BAYSIDE NURSING CENTER LEXINGTON PARK ST. RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND ST. MARY'S RIDGE	
	· MART 5
	10d. INSIDE CITY LIMITS?
10e STREET AND NUMBER	1 YES 2 NO
W. Zir GOSZ	IZEN OF WHAT COUNTRY?
RT. #5 20680 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No	U.S.A. 14. RACE — American Indian,
	Bleck, White, etc.
a 3 M Widowed 4 □ Otvorced	WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	DUSTRY
(Specinly only inignest grace compreted) Elementary/Secondery (0-12) Biff. Do NOT use refined.) HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumeme)	
TOTAL PARCE (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme)	
190 INFORMANT'S NAME (Expo(Prior))	n Code)
P MRS. FRANCES M. FERGUSON 104 ELL LANE, WALDORF, MARYLAND 206	
20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or 20e. LOCATION —	City or Town, State
1 M Burial 2 Cremation 3 Removal from State 4 Denetion S Other (Specify) ST. MICHAEL S CATHOLIC RIDGE,	MARYLAND
22. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME	
P.O. BOX 279, LEONARDTOWN,	
	MD. 20650
23. PART i. Enter the diseases, or complication, that caused the death. Do not enter the mode of dying, such as cardiac or respiretory and shock or heart fallium. Let only one save on each line.	rest, Approximate
ahock, or heart fallure. List only offe cause on each ilna.	
ahock, or heart failure. List only one cause on each ilna. iMMEDIATE CAUSE (Final disease or condition resulting in death) a Cordiac Arest	Approximate interval Between Onset and Death
ahock, or heart failure. List only one cause on each ilna. iMMEDIATE CAUSE (Final disease or condition resulting in death) a Cordiac Arest	Approximate interval Between Onset and Death
ahock, or heart failure. List only one cause on each ilna. iMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cordiae Arest Due to (or as a consequence of): Are to vocally the Cordiae Arest Due to (or as a consequence of):	Approximate interval Between Onset and Death
ahock, or heart failure. List only one cause on each lina. iMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cordiae Arest Due to (or as a consequence of): Arest of the cordiae Arest of the cordinal disease or condition resulting in death)	Approximate interval Between Onset and Death
ahock, or heart failure. List only one cause on each ilna. iMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cordiae Arest Due to (or as a consequence of): Are to vocally the Cordiae Arest Due to (or as a consequence of):	Approximate interval Between Onset and Death
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ahock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) But To (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ahock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) But To (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):	Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS
ahock, or heart failure. List only one cause on each lina. iMMEDIATE CAUSE (Final disease or condition) resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMBILBLE PRIOR TO COMPLETION OF CAUSE
ahock, or heart failure. List only one cause on each lina. iMMEDIATE CAUSE (Final disease or condition) resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart failure. List only one cause on each lina. iMMEDIATE CAUSE (Final disease or condition) resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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AND Sequentially list conditions, if sny, laading to immediate cause or line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE O	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A CONSEQUENCE OF): Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): JOUE TO (OR AS A	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO
ABOCK, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A C	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO
ABOCK, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A C	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ABOCK, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A C	Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AND A CONSEQUENCE OF): Cordinate	Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AND A Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or influry that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 1 Investigation 1 Investigation 2 Investigation 3 In	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED or or Rural Route Number, sted. the ceuse(e) and manner se stated.
ADDRESS (Final disease or conditions, resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 26. DATE OF INJURY 27. MANNER OF DEATH Neural Specific Conditions of Injury And Nursing Home 5 Residence 6 Other (Specify) 28. DATE OF INJURY 28. DATE OF INJURY AT NURSING INVERTIGATION (Street and Number City or Town, State) 29. CERTIFFIER 29. CERTIFFIER 29. CERTIFFIER 29. DETTIFFIER 29. DIATE OF INJURY — At home, farm, street, factory, office 29. SIGNATUSE AND TITLE OF CERTIFIER 29. SIGNATUSE AND TITLE OF CERTIFIER 29. SIGNATUSE AND TITLE OF CERTIFIER 290. DATE OF INJURY — At home, farm, street, factory, office 290. SIGNATUSE AND TITLE OF CERTIFIER 290. DATE OF INJURY — At home, farm, street, factory, office 290. SIGNATUSE AND TITLE OF CERTIFIER 290. SIGNATUSE AND TITLE OF CERTIFIER 290. DATE OF INJURY — At home, farm, street, factory, office 290. SIGNATUSE AND TITLE OF CERTIFIER 290. DATE OF INJURY — At home, farm, street, factory, office 290. SIGNATUSE AND TITLE OF CERTIFIER 290. SIGNATUSE AND TITLE OF CERTIFIER 290. DATE OF INJURY — At home, farm, street, factory, office 291. LICENSE NUMBER 292. LICENSE NUMBER 293. DATE OF INJURY — At home, farm, street, factory, office 294. LICENSE NUMBER 295. SIGNATUSE AND TITLE OF CERTIFIER 296. DATE OF INJURY — At home, farm, street, factory, office 296. SIGNATUSE AND TITLE OF CERTIFIER 297. DATE OF INJURY — At home, farm, street, factory, office 298. SIGNATUSE AND TITLE OF CERTIFIER 299. SIGNATUSE AND TITLE OF CERTIFIER	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED Or Rural Route Number, sted. The ceuse(e) and manner se stated. TE SIGNED (Month, Day, Year)
Note: A part of the part failure. List only ofe cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED Or Rural Route Number, sted. The ceuse(e) and manner se stated. TE SIGNED (Month, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE O	F DEATH	A	IEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	2. DATE OF DEATN MONTH DAY YEAR			TIME OF DEATH	
	MINNIE	M. SM	ITH			03	1		0	7:00 P M	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR		45.445 0-		1	B. BIRTHPL. Country)	ACE (State or Foreign	
	215-26-2529	1 🗆 M 2 💢 F	89 YRS.	MONTHS DAYS	HOURS MIN	10- 5		00		LAND	
	Sa. FACILITY NAME (If not institution, give a	9b. CITY, TOWI	OR LOCATION OF		Ì		Y OF DEAT				
HO	SALISBURY NO	SZ	LISBURY			WICOMICO					
5	RESIDENCE OF DECEDENT										
DIRECTOR	10s. STATE 10b. COUNT	10a. STATE 10b. COUNTY 10c. CIT							10	Id. INSIDE CITY LIMITS?	
	MARYLAND	FRUITLAND				1 🔀 YES 2 🗌 NO					
AL	10e. STREET AND NUMBER	101. ZIP CODE 10g. CITIZEN OF				EN OF WN	AT COUNTRY?				
FUNERAL	WEST MAIN STREE			ŀ		USA					
3	11. MARITAL STATUS	2 1826 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or									
	1 Never Married 2 Married	YES 2 XND OR DATES	If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 TVND Specify:					Black, V Specify:	/hite, etc.		
BY	3 Widowed 4 XXDIvorced	1	21					WHITE			
COMPLETED	15. DECEDENT'S EDU	USUAL OCCUPA	TION	18b. KIN	D OF BUS	NESS/INDU					
ᄪ	(Specify only highest grade completed) (Give kind of life. Do NOT u			vork done during most of working e retired.)							
릴	11 YEARS						EWELR	Y STO	ORE		
0	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S	NAME (First, Midd			71.02		
	JOSIAH	V Mo	GRATH		MAR	٧ .		I	HASTI	NCC	
BE	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street	et and Number or Ru					NGS	
임	EDGAR H. McGRATH	.TR .			OXFORD.						
	20a, METHOD OF DISPOSITION 3/2		20b. PLACE OF DISPOS					ATION — C	the or Town	State	
	1 N Burial 2 Cremation 3 Rem	novet from State	ST. JOHN			"					
	21. SIGNATURE OF FUNERAL SERVICE LI	ceunes . /	of John			EACH ITY		ITLAN	ND, M	ט	
	1/1/1/1/	11/1	W		LOWAY FU						
	W. toda	el Hak	Locucie	501	SNOW HI	LL RD, S	SALIS	BURY,	MD	21801	
	23. PART I. Enter the diseases, pr	complications that ce	used the death. Do	not entar the r	node of dying, a	uch as cardiac	or respir	atory arre	st,	Approximata	
	shock, or haart fellure. IMMEDIATE CAUSE (Final	List only one cause	on each line.							Interval Between Onset end Death	
	disease or condition	10	6 6-	10	172 TO 2 1						
	resulting in death)	DUD TO (DR	AS A CONSEDUENCE OF	F):	ppin						
_	_	Va	- mlas	1-	an:	a dil					
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (DR	AS A CONSEDUENCE DE	F):	THE	Jeny					
X	cause. Entar UNDERLYING	alex.	Tena 1	2:1							
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (DR	AS A CONSEDUENCE DE	F):							
F	resulting in death) LAST	4									
8		V								<u> </u>	
A	PART II. Other significent condition	ne contributing to dea	th but not reaulting	in the underlying cause given in Part 1.			t 1. 24s. WAS AN AUTOPSY 2 PERFORMED?			ERE AUTOPSY FINDINGS ALLABLE PRIOR TO	
EDICAL							YES 2		C	OMPLETION OF CAUSE F DEATH?	
										YES 2 NO	
=											
Z	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATN	(Check only one)					
200	EXAMINER?	HOSPITAL:	Output 2 7 DOS	OTHER:			2				
PHYSICIAN: M	27. MANNER OF DEATN	28a. DATE OF INJ			ome 5 Residen	28d, DESCRI		HIBY OCC	IDED		
5		(Month, Day, Y	ear) INJ	URY	WORK?	200. DESCRI	DE NOW IN	JUNY OCCI	DHED		
ВУ	2 Accident Investigation	20- PLACE OF IN	258, PLACE OF INJURY — At home, farm, street, factory office 1 281 I OCATION (Street and Alumber or Dural Double Music								
B	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF IN- building, etc.	JURY — At home, farm, (Specify)	street, factory, or	ffice		ON (Street Bi	nd Number o	or Rural Rou	te Number,	
B	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide datarmined	28a. PLACE OF IN- building, etc.	JURY — At home, farm, (Specify)	street, factory, of	ffice			nd Number o	or Rural Rou	te Number,	
B	2 Accident Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only	28s. PLACE OF IN building, etc.	(Specify)			City or To	own, State)			te Number,	
B	2 Accident 3 Suicide 6 Could not be data mitted 29a. CERTIFIER (Check only	building, etc.	(Specify)	ed at the time, d	ata and place, and	City or R	s) and men	ner as state	d.		
COMPLETED BY	2 Accident 3 Suicide 6 Could not be data mitted 29a. CERTIFIER (Check only	StCIAN: To the best of my	(Specify)	ed at the time, d	ata and place, and	City or R	s) and men	ner as state	d. cause(a) a		
BE COMPLETED BY	2 Accident 3 Suicide 4 Nomicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	StCIAN: To the best of my	(Specify)	ed at the time, d	ata and place, and	City or R	s) and men	ner as state	d. cause(a) a	nd manner as stated.	
COMPLETED BY	2 Accident 3 Suicide 4 Nomicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE DF CERTIFIE	BICIAN: To the best of my ER: Dn the basis of axami	(specify) knowledge, death occum nation and/or investigation	ed at the time, d	ata and place, and	City or R	s) and men	ner as state	d. cause(a) a	nd manner as stated.	
BE COMPLETED BY	2 Accident 3 Suickle 4 Nomictele 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE DF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	BICIAN: To the best of my ER: Dn the basis of sxami	knowledge, death occum nation and/or investigation	ed at the time, d	ats and place, and of death occurred at	Sue to the cause(rithe time, data and tUMBER	e) and man	ner as state	d. cause(a) a	nd manner as stated.	
BE COMPLETED BY	2 Accident 3 Suicide 4 Nomicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE DF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	BICIAN: To the best of my ER: Dn the basis of axami	(Specify) knowledge, death occurrention and/or investigation F DEATN (ITEM 27) (Type Healthway	ed at the time, d	ats and place, and of death occurred at	Sue to the cause(rithe time, data and tUMBER	e) and man	ner as state	d. cause(a) a	nd manner as stated.	
BE COMPLETED BY	2 Accident 3 Suickle 4 Nomictele 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE DF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	BICIAN: To the best of my ER: Dn the basis of sxami	knowledge, death occum nation and/or investigation F DEATN (ITEM 27) (Type Healthway	ed at the time, d	ats and place, and of death occurred at	Sue to the cause(rithe time, data and tUMBER	e) and man	ner as state	d. cause(a) a	nd manner as stated.	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the cash careful of the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buring transit purmit. Press 1, 2, 3 should be the cash with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE REGISTRAR		SIAIE	(
1. DECEDENT'S NAME (First	, Middle, Last)		
	Minnie]
4. SOCIAL SECURITY NUME	BER	5. SEX	
217-54-697	5	1 🗌 M 2	7
9e. FACILITY NAME (If not in	stitution, give str	eet and numi	ы
6 West (Center	Stree	1
DEDIDENOE OF DEC	SEDENIT		-

OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF D			WEAR	3. TIME OF DEATN
	Minnie Pearl SINES						March 22, 1990 YEAR 1:15 A				1:15 A M			
1	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF 8 (Month, Day	SHTTN V Year)		8. BIRTHPLACE (State or Foreign Country)	
/	217-54-697	_	1 M 2 XF	M 2 XF 93 YRS. April 26, 1						189	6 Mar	yland		
	9e. FACILITY NAME (If not in					9b. CITY,		OR LOCATI		ATN		9c. COU	NTY OF D	EATN
DIRECTOR	6 West Center Street					Oakland Garre			tt					
EC	PESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				10c. CI1	Y, TOWN OF	LOCA	TION						10d. INSIDE CITY
BI	MD Garettt				0.	akland	d						- 1	LIMITS?
	10e. STREET AND NUMBER						-	f. ZIP COD	E			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	6 West Center Street							2	21550	USA			A	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 (2)					13. W	AS DEC	ENDENT C	OF NISPAN	NIC ORIGIN? (Specify Yee or No — 14. RACE			E — American Indian,	
BY F	1 Never Married 2 x			MAR OR DATES	ÇINO			2 X NO			1, etc.)		Speci	ty:
	15. DECEDENT'S EDUCATION 15. DECEDENT'S USUAL OCC											White		
COMPLETED	(Specify only highest grade completed) (G					Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY					
2	Elementary/Secondary (0-12)													
MO	17. FATHER'S NAME (First, Middle, Last)				nous	CWIIC	_	18, MOT	HER'S NA	'S NAME (First, Middle, Meiden Surname)				
	James W. Beeghley										Pysell			
BE	19a. INFORMANT'S NAME (Type/Print)		0 ,	19b. MAILIN	ADDRESS	(Street a	and Number	r or Rural F	Route Number, C	City or Tow	n, State, Zi	p Code)	
2	Jonas W. Si	nes			6 W.	Cente	er S	Stree	t O	akland	, MD	215	50	
	20a. METNOD OF DISPOSIT 1 🔯 Burlal 2 □ Crematic		ovel from State	20b. PLAC	CE OF OISPO	SITION (Nam	ne of ce	metery, crer	matory or		20c. LO	CATION -	City or To	
	4 Donation 5 Dother	(Specify)			lor Si						0a	klan	d 1	Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	_ 0		22. N		ND AODRE		ourv neral H	Iome			
	Blad	Vent	1- Illi	200						nd St.		cland	1, MD	21550
	23. PART i. Enter the d	iseesea, or o	complications the	et coused the	death, Do	not enter t	the mo	de of dy	ing, aucl	h as cerdiac	or respi	ratory ar	rest,	Approximete
	IMMEDIATE CAUSE (Fi		List only one ce	use on eech n	ine.		0							interval Between Onset and Death
	disease or condition resulting in death)	→					VP	reul	ma	in				2-320
			DUE TO	(OR AS A CON	SEOUENCE C	F):								
N	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions,													
CERTIFICATION	if eny, leading to imme cause. Enter UNDERLY	diete a	OUE TO	OR AS A CONS	SEQUENCE (OF):		O						
FIC	CAUSE (Disease or injutinat initiated events		cDUE TO	(OR AS A CONS	SEQUENCE C	OF):								
E	resulting in deeth) LAS	т	4											ļ
	DART II OALI-III-													
MEDICAL	PART II. Other algorifica	int condition	is contributing to	destribut no	t resulting	in the unc	deriyin	g cause	given in	Part I. 244	PERFOR	AUTOPSY	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă			All	Loca	2	you	an	123		10	YES 3	NO		OF DEATH?
														1 TYES 2 NO
AN	25. WAS CASE REFERRED 1	O MEDICAL					26 10	ACE OF F	SEATH ASS	eck only one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	T EB#Outpations	3 □ 004	OTHER	2							
H	27. MANNER OF DEATN		28a. DATE O	F INJURY	28b. TII	ME OF		JURY AT	esidence	6 Other (Sp 28d. DESCRI		NJURY OC	CCURED	
		Pending Investigation	(Month,	Day, Year)	IN	JURY M	W	VES 2	□ NO					
BY	2 Accident 3 Suicide	Could not be	26a. PLACE	DE INJURY — At	home, farm,	street, facto	ry, offic	:0		28f. LOCATIO	N (Street	and Numbe	or or Rural I	Route Number,
田	4 Nomicide	determined	building	, etc. (Specify)						City or lo	own, State)			
COMPLET	29e. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the best o	f my knowledge,	death occur	red at the tin	ne, data	and place	e, and due	to the cause(e	end mai	nner as sta	nted.	
8														a) and manner as stated.
	29b. SIGNATURE AND TITU	OF CENTIFIE	R					29g, LIC	ENSE NUN	WBER		29d. DA	TE SIGNEO	(Month, Day, Year)
BE		otu	~					D	12	333		▶ °	3/2	2/90
임	30. NAME AND ADDRESS O							0 1 1		W1 01				
	Dr. Thon			311 N.		street	t (∪akla	and,	Md 215	550			
	31. DATE FILED (Month, Day,			AR'S SIGNATURI										
	BERTI J A '	MIT.	I Condition of	THE PROPERTY OF THE PARTY OF TH	A PROPERTY OF									

y be retained by the hospital or attending physician.	lage 5 should be detached for use as the burial-transit permit. Pages 1 2, 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zeron's after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2, 2, 2, 2, 2, 2, 2, 2, 3, 2, 3, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

											90	10082
	FOR	STATE OF N	MARYLAND /	DEPAR	TMENT	OF HEA	AITH	AND N	MENTAL HY	GIENE		
	1 - STATE REGISTRAR	OTALL OF I				OF D				i. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						_		2. DATE OF DEA	DAY	YEAR	TIME OF DEATH
	John					efiel			3	25		:02 P M
	4. SOCIAL SECURITY NUMBER	5. SEX							7. DATE OF BIR' (Month, Day,)		Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give str		35	tho.	Oh CITY	TOWN OR I	OCATIO	N OF DE	10/27	9c, COUN		york
œ	University of Max		osnital			ltimo				1/3 /	7 14	City
18	RESIDENCE OF DECEDENT	Lyrana n	oopiaai					CICY		1201	11.00	Z I J
DIRECTOR	10a. STATE 10b. COUNTY	/ -	+	10c. CIT	Y, TOWN C	PR LOCATION	,	1				LIMITS?
1 8	10e, STREET AND NUMBER	ovcherl	2-		C	1 ME	DV ·	994		10c CITIZ	EN OF WHAT	TES 2 NO
FUNERAL	1 10 11 L	of Co	- b . l.	M	1)	16	13		log. Civiz	115	Q
벌	11. MARITAL STATUS	12. WAS DECEDEN							IC ORIGIN? (Spec		14. RACE — /	American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 M	0		II yes, specifi 1 YES 2			n, Puarlo Rican, a :	tc.)	Black, Wh Specify:	ita, etc.
ВУ	3 Wildowed 4 Divorced				!							Dlack
	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(GA	m kind of	work done se retired.)	CCUPATION during most of	of workin	g	16b, KIND	OF BUSINESS/INDI	USTRY	
=	Elementary/Secondary (0-12)	College (1-4 or 5	+)	50 1101 5	oo romou.y							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					1	s. MOTH	IER'S NAI	ME (First, Middle, I	Malden Surname)		
BE C	Jerry Mes	re- Mi	1/e-					Ha	Hie	Mae	The	MOSON
	19a. INFORMANT'S NAME (Type/Print)	>-i 1	19b	MAILING	ADDRES	S (Street and	Number	or Rural F	Route Number, City	or Town, State, Zip	Code)	
임	Hattie Mae	Things	an 6	02	Ha	b.e - 1	5	T. (ambr	idge/	10.2	16/3
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Remo	val Irom State	20b. PLACE ((ce) 7	X	ame of comet	ery, crem	natory or	1	HOC. LOCATION — C	City or Town,	State
:3	4 Donation 5 Other (Specify)	ENSEE		De	- 1 1 1	NAME AND	ADDRES	SS OF FAC	CILITY	Camba	dgei	//
	Danello	C. He	nres			11.		T			Kayl	nidge
	23. PART I. Enter the diseases, or c	/7	t coursel the de-	ett. De		J-CN.	<u>~</u>	TUN.	eral ty	5M2	Mai	Approximata
ii	ahock, or heart failure.				not enter	tila mode	r Oi uyi	ng, auci	il as cardiac of	reaphatory arr	oat,	Intarval Between Onaat and Death
	IMMEDIATE CAUSE (Final disease or condition	Cranioc	erebral	trau	ma c	i como	cat	ed b	v bilat	eral bro	onchon	neumonia
	resulting in death)	3	OR AS A CONSEC						1 22200		Torrot	TIOGETICATE OF THE PARTY OF THE
z												
ERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO	OR AS A CONSEC	UENCE C	F):							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury		DR AS A CONSEC	WIENGE 6	· -							
E	that initiated events resulting in death) LAST	DUE IC	ON AS A CONSEC	DENCE (ne):							
Ü		1,										
AL	PART II. Other significant condition	a contributing to	daath but not r	eauiting	in the U	nderlying (cauae (given in	Part I. 24a. \	MAS AN AUTOPSY PERFORMED?	AWA	RE AUTOPSY FINDINGS MLABLE PRIOR TO
1 2									1 🔀	YES 2 NO	OF	MPLETION OF CAUSE DEATH?
Z											10	XYES 2 □ NO
AN	25. WAS CASE REFERRED TO MEDICAL					28 PLA	CE OF D	FATH (Ch	eck only one)			
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE	R:			6 Other (Spec	*#v)		
Η	27. MANNER OF DEATH	26a, DATE O	F INJURY	28b. Til	ME OF	28c. INJUR	TA YE	and once		HOW INJURY OC	CURED	
ВУ Р	1 Natural 5 Pending	3 - 1	1-90	1:40	A W	1 TYE		у мо	Blun	t force	traum	a
	3 Suicide 8 Could not be	28a. PLACE	OF INJURY — At ho						281. LOCATION City or Town	(Street and Number n, State)	or Rural Route	Number,
COMPLETED	4 X Homicide detarmined			Res	iden	ce			602 Hu	bert St.	•	
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	of my knowledge, de	ath occur	red at the	time, date a	nd place	, and dua	to the cause(a)	and manner as stat	ed.	
Ö	one) 2 X MEDICAL EXAMINE	R: On the basis of	examination and/or	Investigat	lon, In my	opinion, des	nh occu	red at the	time, date and p	lace, and dua to th	e cause(a) an	d manner as stated.
	29E SIGNATURE AND TITLE OF CENTING	5 /					00- 110	ENSE NUI	MOED	DOM DAT	E SIGNED (Mo	-th D M1



111 Penn St., Baltimore, MD

21201

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Frank J. Peretti, M.D.-Assistant

Walter State of the Control of the Control

*		FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		ENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last	Baby Boy Sa	nchez			2. DATE OF DEATH MONTH D	AY YE	EAR	TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER None	1 M 2 🗆 F	O YRS.	OTHS DOYS HO	7 15		90	Country) Marv	CE (State or Foreign	
•) E	98. FACILITY NAME (If not institution, give Holy CV645 Hos RESIDENCE OF DECEDENT	street and number)	9	Si Ver	Spring	гн 	pron)			
	DIREC	10a. STATE 10b. COUN	ontgomery		nown or Location					I. INSIDE CITY LIMITS? YES 2 NO	
	FUNERAL	100. STREET AND NUMBER 2318 Blueridg				0902		U.S.		COUNTRY?	
	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 PNO		Cuban, Maxican,	ORIGIN? (Specify Year Puerto Ricen, etc.)	14.	Black, WI Specify:	American Indian, nita, etc.	
	LETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in None	k done during most of		None	SINESS/INDUS		1	
at once.	COMPL	17. FATHER'S NAME (First, Middle, Last) Jose Vieto	0	None	10	MOTHER'S NAME	E (First, Middle, Maiden	Sumame) Vilma	Sancl	nez	
e notified	TO BE	Jose Vieto Ana Vilma Sanchez 198. INFORMANT'S NAME (TyperPrint) Ana Vilma Sanchez 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2318 Blueridge Ave., Wheaton, MD 20902									
er must b		20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE OF DISPOSITION (Name of cemetory, crematory or other place), Gate of Heaven Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22b. PLACE OF DISPOSITION (Name of cemetory, crematory or other place), Gate of Heaven Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE									
i examine		Michael Michael	le he	Deon .	Joseph	Gawler'	s Sons, I		ton.	D.C.2001	
ent, the medica		23. PART I. Enter the diseases, or shock, or heart failure immEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on e	ech ilne.						Approximate interval Between Onset and Death	
injury, or other traumatic event, the medical examiner must be notified at once.	CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Extreme prematurity CAUSE (Disease or injury that initiated events resulting in death) LAST Extreme prematurity Onset and Desth Extreme prematurity Onset and Desth 74 hours Extreme prematurity Onset and Desth 74 hours DUE TO (OR AS A CONSEQUENCE OF): Respiratory failure DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
shows any	: MEDICAL	PART II. Other significant condition Respiratoria	phistress preumoth	eut not resulting in	the underlying c	ause given in P	art I. 24a. WAS AN PERFOI	RMED?	CD OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 A NO	
tem 23	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		26. PLAC	E OF DEATH (Chec	k only one)				
marked, or item 23	Y PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Dinpetiant 2 □ ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (DF 26c. INJURY WORK	AT :	Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED		
28 is	ETED BY	2 Accident Investigation 3 Suicide 6 Could not b. 4 Homicide detarmined	28s. PLACE OF INJURY	— At home, ferm, stre	eet, factory, office		26t. LOCATION (Street City or Town, State		Rural Route	Number,	
NT: If Item	COMPLE	onel	SICIAN: To the best of my know NER: On the basis of examination						ause(a) an	d manner as stated.	
IMPORTANT: If	TO BE C	296. SIGNATURE AND TITLE OF CERTIFICATION &	Iswell, M	D	1	OC. LICENSE NUME	36188		4.	onth, Day, Year)	
		30. NAME AND ADDRESS OF PERSON W	rellino 9	016 First	Avenue	, 5/10	er Spring		2091	′o	
		MAR 2. 8 '90	32. REGISTRAR'S SIGN	The state of the s			, ,				

FOR STATE REGISTRAR

	9	# Feed
13146,	executed with!	and completely
P.O. BOX	eath certificate be	attending physician
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled
ON OF	NDING PHYSIC	R: After this ce
DIVIS	ITAL OR ATTE	TAL DIRECTOR
	TO THE HOSP	TO THE FUNE!

	1. DECEDENT'S NAME (First, MIDDIN, Last)	4	5	cott				MONT	OF DEATH	9	EAR S	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 220-24-8571	1X M 2 T F 6	3	YRS.	F UNDER 1 YE	YS	IF UNDER 24 HRS. HOURS MIN.	7 J	OF BIRTH th, Day, Year)	26	Country	
E I	9a. FACULTY NAME (If not institution, give s						TON			PRIN		G E O R G E S
DIRECTO	10a. STATE 10b. COUNT MARYLAND PRIN		E S		WASI		NGTON,					d. INSIDE CITY LIMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 12604 Prestwick	DR.					ZIP CODE 2 0 7 4 4			-	S . A	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Marriad 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2		If ye	s, spe	ENDENT OF HISPAN cify Cuban, Mexical 2 NO Specify	i, Puarto				American Indian, hita, etc.
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2 t h	CATION (a completed) College (1-4 or 5+)	\dashv	DECEDENT'S US (Give kind of wor life. Do NOT use NVESTI	k done durin etired.)	g mos		16	D.C.			LA
at once.	17. FATHER'S NAME (First, Middle, Last) GEORGE S.SCO	 Т Т			4,,,,		16. MOTHER'S NA			Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) E.JANETTE S						nd Number or Rural F	loute Nun	nber, City or Tow	n, State, Zip Co		
must be n	20e, METHOD OF DISPOSITION 1 Burlal 2 Cremetton 3 Rem 4 Donetton 5 Other (Specify)			ION (Name i	of cert	twick enterly, crematory or RY	DR	20c. LO	CATION — CIT T t a S	y or Town,		
examiner	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				8 2	D ADDRESS OF FAC			ERN F	UNER	AL HOME
ry, or other traumatic event, the CERTIFICATION	immediate cause (Fine) disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
shows any injury, or MEDICAL CE	PART il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2							MED?	AVAILABLE PRIOR TO			
Z 3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	26. PL	ACE OF GEATH (Ch	eck only o	one)			
marked, or item BY PHYSICIA	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatiant 2 DER/ 28a. DATE OF INJU (Month, Day, Ve	JRY		Nursing OF 28	c. INJI	URY AT RK?	28d, DESCRIBE HOW INJURY OCCURED				
28 is TED	2 Accident investigation 3 Suicida S Could not be 4 Homicide detarmined	28a. PLACE OF INJ building, atc.	JURY — // (Specify)	At home, farm, atr	et, factory,	office	1		CATION (Street y or Town, State)		Rural Rout	e Number,
ANT: If item COMPLE	Check only	ER: On the beat of my in										nd manner as stated.
IMPORTANT: TO BE COI	296. SIGNATURE AND TITLE OF COMPANY US #7	vangue	n	Mo			29c. LICENSE NUI			29d. DATE !	SIGNED (M	onth, Day, Year) 4-90
- -	Augusto P Rody 31. Date Filed (Month, Day, 1992)	i g 11 e z . M T 32. REGISTRAR'S:	D.	5009 I		ırı	n Ct.	Сап	p Spr	ings,	MD	20748
	MAR 26 '90			Randoll								p
												DHMH-16 Rev

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 - July after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach has find within 22 hours after death with the State Dent, of Health and Mental Hotiene prior to burial, cremation, or removal.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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law (Dept L	23
Ä.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furble find within 29 hours, after death with the State Dent, of Health and Mental Hotilene prior to burial, cremation, or removal	item
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HYS	his with	Ked
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	FOR	STATE OF MARYLAN	ND / DEPAF	RTMENT O	F HEALTH AND I	MENTAL H	(YGIEN	E -	O	10000
	1 - STATE REGISTRAR				OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Albert Raymond S	NOWBERGER				2. DATE OF MONTH March	DA	, 1990	EAD	2:50 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	yrs. last birthday)	IF UNDER 1 Y		7. DATE OF (Month, D	BIRTH	a.	BIRTNPLA	CE (State or Foreign
	219-20-0763	1 🖾 M 2 🗆 F 86	YRS.	MONTHS D.	AYS HOURS MIN.	Sept.				ylvania
n H	9a. FACILITY NAME (If not institution, give st			9b. CITY, TO	WN OR LOCATION OF DE			9c. COUNTY	OF DEATH	
OR	Washington Count	y Hospital		Hage	erstown			Wash:	ingto	n
ᇈ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	10c CIT	Y, TOWN OR I	OCATION				104	. INSIDE CITY
DIRECTOR	Maryland Wash	ington		agerst	own				1 🛭	LIMITS?
FUNERAL	100. STREET AND NUMBER 18 Redwood Circle	e			101. ZIP CODE 21740			10g. CITIZEI		COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 X NO	It ye	B DECENDENT OF HISPAN es, specify Cuben, Mexica YES 2 X NO Specifi	in, Puerto Rica		or No- 14		American Indien, ilta, etc.
Э ВУ	3 🔀 Widowed 4 🗌 Divorced				-				Specify: Whit	е
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		8e. DECEDENT'S (Give kind of	Work done duri	IPATION ng most of working	16b. KI	ND OF BUS	SINESS/INDUS	TRY	
H	Elementary/Secondery (0-t2)	College (1-4 or 5 +)	owner			0.1	. + om o	bile o	11.	
ME	17. FATHER'S NAME (First, Middle, Last)		Owner		18. MOTHER'S NA				теате	L
	John stover Snow	herger			Rebecca		ino, marcioni	Gumenicy		
BE	19e, INFORMANT'S NAME (Type/Print)	502802	19b. MAILING	ADDRESS (S	treet and Number or Rural		City or Town	n, State, Zip Co	ide)	
5	Jean Hartle		205 L	ongvi	w Road, Ha	gerst	own,	Maryla	and 2	1740
	200, METHOD OF DISPOSITION	20b. F	PLACE OF DISPO	SITION (Name	of cemetery, crematory or		20c. LO	CATION CIt	y or Town,	State
Į.	1 🖾 Buriel 2 🗆 Cremetion 3 🗆 Remo	Ro	se Hill	Cemet	ery		Hag	ersto	vn, M	aryland
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22 NA	ME AND APPRESS OF FA	CILITY RAL HON	Æ.			
	•			1	E. Wilson			gerst	own,	Md. 21740
	23. PART I. Enter the diseeses, or cashock, or heart failure.	complications that caused t List only one cause on eac		not enter th	e mode of dying, auc	ch ee cerdie	or reepi	ratory errea	t,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	CARDIA	RESPI	PATRI	ry ARM	507	-			Onset end Death
	resulting in deeth)	e. DUE TO (OR AS A C	ONSEQUENCE	DE):	MEOSIS	c) v				
z	Commented that are distant	. CEREBR	191	111110	M50575					
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE	OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c. DUE/TO IOR AS A C	(N 21)	UN						
CERTIFICATION	that initiated events reculting in deeth) LAST	DOG IN ION AS A C	JOHSEOUENCE () -):						
CEF		d								
	PART ii. Other aignificent condition	a contributing to death but	t not reaulting	In the unde	rlying cause given in	Part I. 24	ea. WAS AN	AUTOPSY		RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						_ 1	☐ YES 2		CO	MPLETION OF CAUSE DEATH?
ME									1 [YES 2 NO
Ä									<u> </u>	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one)				
IXSI	1 VES 2 NO	1 Inpatient 2 ER/Outpat		4 🗆 Nursin	Nome 5 Reeldence	· ·				
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	C. INJURY AT WORK? 1 YES 2 NO	28d. DESCR	HBE HOW I	NJURY OCCU	HED	
	3 Suicide a Could not be	28e. PLACE OF INJURY – building, etc. (Specify		atreet, factory	, office		ON (Street Town, State)	end Number or	Rural Route	Number,
Ē										
COMPLETED	ment I was	ICIAN: To the best of my knowled								d manner on attack
000	MEDICAL EXAMINE	ER: On the beele of examination	end/or investigat	ion, in my opli			na piace, er		+	
BE (29b. SIGNATURE AND TITLE OF CHRYTIFIE	11-12			29c. LICENSE NU	MBER U	2	29d. DATE	DA C	onth, Day, Year)
2	30. NAME ÂND AUDRESS OF PERSON WH	O COMPLETED CALISE OF DEAT	TH (ITEM 27) (5m	- Christi	Dac	707		,)	<0/	70-

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
MAR 20 90

32. ABGISTRAPIS SIGNATURE Mandelle

1415 m mm

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIFIC	ATE OF	- DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	Florence	ce E. Sin	nisen		2. DATE OF DEATH MONTH March		多か 10	IME OF DEATH):55 P
	284000000	K _{M 2 □ F} 83	,	UNDER 1 YEAR	HOUSE AND	7. DATE OF BIRTH (Month, Day, Year) April 10,1		6. BIRTHPLAC Country) Maryl	e (State or Foreign
В	9a. FACILITENAME (If not institution, give street an Washington County	Hospital	96 Ha					ec county of DEATH Washington	
5	RESIDENCE OF DECEDENT								
8	10a. STATE 10b. COUNTY			WN OR LOC	ATION			10d.	INSIDE CITY LIMITS?
0	Maryland Washingt	con	Boons						YES 2 NO
M	10e, STREET AND NUMBER				01. ZIP CODE			EN OF WHAT	COUNTRY?
ij	309 South Main Stre				21713		U.S.		
FUNERAL DIRECTOR	11. MARITAL STATUS 12. V Never Married 2 Married	WAS DECEDENT EVER IN ORCES? 1 1 YES	U.S. ARMED		CENDENT OF HISPAN	IC ORIGIN? (Specify Yar n, Puarto Rican, atc.)	or No- 1	14. RACE — A Black, Wh	merican Indian, ita, etc.
B	3 Wildowed 4 Olvorced	F YES, GIVE WAR OR DA	ATES	1 🗌 YE	S 2 NO Specify			Specify:	hite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	eted)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	AL OCCUPAT	TION nost of working	16b. KIND OF BU	SINESS/INDU	ISTRY	
		lega (1-4 or 5+)							i
MP	4 y	rs.	Teacher			Publ	lc Sch	1001	
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden			
BE		ridan	Sinnisc		Sadi				enberger
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow			
	Virginia Muritz								
	20 METHOD OF DISPOSITION 15 Burial 2 Cremation 3 Removal fr 4 Donation 5 Other (Specify)	rom State	other place) BOONSBOY					ty or Town, s	ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E /	-	22. NAME	AND ADDRESS OF FAC	7606 E	Roonsb	oro P	ike
	Douglas A. Fiery	V Jaurala	A tinu	Bast	Funeral	Home Boor			
	23. PART I. Enter the diseases, or complete shock, or heert fellure. List of IMMEDIATE CAUSE (Finel disease or condition resulting in death)	only one cause on e	ach line.			n as cardiec or resp	Iretory erre	eat,	Approximata Interval Between Oneet end Deeth 1 year
z		Carcinoma OUE TO (OR AS A	CONSEQUENCE OF):						
CATIO	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
EDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
S									
AL	PART II. Other significant conditions cor	ntributing to death b	out not resulting in t	he underly	ing cause given in	Part I. 24a. WAS AN PERFO		A/A	RE AUTOPSY FINDINGS ILABLE PRIOR TO
8						1 YES	2 🔀 NO		APLETION DF CAUSE DEATH?
						_		10	YES 2 NO
ä									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	0	28. THER:	PLACE OF DEATH (Ch	eck only one)			
YSI				☐ Nursing He	ome 5 - Residence				
ВУ РН	27. MANNER OF OEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	'	NJURY AT WORK? YES 2 NO	none	INJURY OCCI	UREO	
	3 Sulcide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec		none		281. LOCATION (Street City or Town, State	and <i>Number</i> (or Rural Route	Number,
٦	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my know	riedge, death occurred a	t the time de	te and place, and due	to the cause(a) and me	nner as state	rd.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On								I manner as stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER Francis & J	tywn h	D		DO 58		29d, DATE	SIGNED (Mo	gth, Day, Year) 90
5	30. NAME AND ADDRESS OF PERSON WHO CON Francisco G. Japzo				agerstown,	Md. 2174	0		
	31, DATE FILEP (Month, Day, Year) MAR 1 6 90	32. REGISTRAR'S SIGN	ATURE						
	MAK 16 '90	Julia Davi	dson-Randale						

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CHINEDAL	
MADI ETEN BY	1 1 1 1 1 1
TO BE OF	

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EDWA 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 38 HOURS MIN DAYS 579-32-2689 1-XXM 2 - F 6-16-01 SOUTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 409 EASTERN AVENUE APT.B WASHINGTON, D.C. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNT WASHINGTON, D.C. SEAT PLEASANT MARYLAND PRINCE GEORGE'S 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20743 409 EASTERN AVENUE APT. 20019 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES NO Specify: FORCES? 1 YES 2-1 Never Merried 2 Merried 3 Widowed 4 Divorced Specify: BLACK 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest 6th grade (0-12) College (1-4 or 5+) TRUCK DRIVER DISTRICT GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) GABRIEL STEVENS AMELIA NICKERSON 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 300 62nd STREET, N.E. WASHINGTON, D.C. 20019 DOROTHY SMITH 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometary, crematory or LTNCOLN MEMORIAL CEMETERY 20c. LOCATION — City or Town, State
SUITLAND, MARYLAND 100 Densition 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE PROBLINS FUNERAL HOME, INC. 4339 HUNT PLACE, N.E. WASHINGTON, D.C. 20019 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List oply one cause on each line. Interval Between Onset and Daeth **IMMEDIATE CAUSE (Final** Menosebutu Cardiovercular desease disease or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? t - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 Pres 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 A Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and me 2

Pandall

21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be the standard of the

	REGISTRAN			ENTIFI	CALE	UF	DEAL	П	HEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH DA	Y	YEAR	3. TIME OF DEATH	
	MARY ELIZAB	ETH SEG	ELKEN						March 17	, 19	990	6:10 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1	_	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign	
	216-36-3021	1 🗆 M 2 🖵 F	92	YRS.	YRS. MONTHS DAYS HOURS MIN. Oct. 22,18					897		vland	
	9e. FACILITY NAME (If not institution, give s	treet and number)		enter	9b. CITY, T	OWN O	R LOCATIO	ON OF DE			INTY OF DE	ATH	
5	Discount Timin	- 0								Α.		Labaum	
	Pleasant Livin	g Conva	rescei	16		Da.	gewa	iter		23. [ine 4	Arundel	
	10e. STATE 10b. COUNTY	r		10c. CITY,	TOWN OR	LOCAT	ION					10d. INSIDE CITY	
	Maryland An	ne Arun	del	M	ayo						- 1	LIMITS?	
	10e. STREET AND NUMBER				,	10f.	. ZIP CODI	E		10g. CIT	IZEN OF W	HAT COUNTRY?	
ġ	1250 Mayo Roa	a				21106 U.S.A							
UNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II O	DMED	10 141	S DEC			IIC ORIGIN? (Specify Yes				
2	1 Never Married 2 Merried	FORCES? 1	YES 2		H y	yes, spe	cify Cuba	n, Mexice	n, Puerto Ricen, etc.)				
5	3 X Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES		1 [YES	2 NO	Specifi	f:			ite	
3	15, DECEDENT'S EDU	CATION	16. [DECEDENT'S U	ISLIAL OCC	HIDATIO	NM.		18b, KIND OF BUS	INESS (IN		rre	
	(Specify only highest grade	completed)		(Give kind of wo	ork done dui	ring mos	st of working	g	ISO. KIND OF BO.	,,,,E22,,,,,	Dosimi		
COMPLE	Elemantary/Secondary (0-12)	College (1-4 or 5 -	+)	Beau					Baa	11 fr 37	Sho	n	
				Deau	CICI	an		-			DILO.	Ρ	
3	17. FATHER'S NAME (First, Middle, Last)						7000		ME (First, Middle, Maiden				
	George B. Sin	clair							Anna Ga		_		
5	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street a	nd Number	or Rural	Route Number, City or Tow	n, State, Zi	p Code)		
-	William L. Bra	shears		L250 1	Mayo	R	oad,	Ma	yo, MD 2	1106	ŝ		
	20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremetton 3 Rem	aumi danum Phata	20b. PLAC	E OF DISPOSI	TION (Name	e of cen	netery, cren	natory or	20c. LO	CATION -	City or To	vn, State	
	4 Donellon 5 Other (Specify)	ovan from State		llcre	st C	em	eter	v	Ann	apol	lis,	M D	
	21. SIGNATURE OF FUNERAL SERVICE UK	CENSEE /	11		22. N/	AME AN	ID ADDRE	SS OF FA	CILITY				
	A 2000 1	4		_					al Chape			21401	
	renaucy X.	Vuy!							ter St.,			is,MD	
	23. PART I. Enter the diseases, or ehock, or heart failure.	complications the	t coused the	deeth. Do no	ot enter ti	he mo	de of dy	ing, euc	h ee cardiec or respi	ratory a	rreat,	Approximata Interval Between	
	IMMEDIATE CAUSE (Finel				0-		4					Onset and Death	
	disease or condition requiting in death)	. Car	diac	NO	Kur	W	a						
	DUE TO (AR AS A CONSEQUENCE OR:												
	array leme												
2	Sequentially list conditions, If eny, laeding to immediate												
NI LICATION	cause. Enter UNDERLYING												
Í	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
	resulting in death) LAST												
3		d											
	PART II. Other significant condition	ns contributing to			the und	erlying	g ceuse (given in	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
2	ase, co	UPU,	400	lace	0 0	ell	us	e ,	1 _ YES 2			COMPLETION DF CAUSE	
3	, ,	1						7				OF DEATH? 1 YES 2 NO	
	SIP MUL	undu	u	,					-			1 123 2 110	
SICIAIN.	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF D	EATH /C	eck only one)				
2	EXAMINER?	HOSPITAL:			GTIVER:				8 Other (Specify)				
2	1 🗆 YES 2 🚺	1 Inpatient 2			/ ` `			esidence					
-	27. MANNER DF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, E	Pay, Year)	28b. TIME INJU	OF 2	WO	URY AT	_	28d. DEŞCRIBE HOW I	NJURY O	CCURED		
	1 Natural 5 Pending 2 Accident Investigation				м		YES 2	NO					
اد	3 Suicide 8 Could not be	28e. PLACE C building,	otc. (Specify)	home, ferm, st	reet, factor	ry, offic	•		281. LOCATION (Street City or Town, State)	and Numb	er or Rural R	loute Number,	
	4 Homicide detarmined												
INITLE	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge.	death occurre	d at the tim	a. deta	end place	end due	to the ceuse(e) end me	nner ee st	ated.		
	one)								time, date end piece, ar			and manner as stated.	
3				or miceanganor	, iii iiiy opi			Tour are tries	tille, date end prece, at	10 000 10		, 6110 (1101110) 00 010100.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	y					29c. LIC	ENSE NU	MBER	29d. DA	TE SIGNED	(Mondy Day: Year)	
	www.all	~					リンス	14	68	•	3/1	7/90	
-	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH (EM 27) (Type,	Brint)						10	7	
[1)A(5655		A	pt 1	MIC	_							
- 1	31. DATE Fill, ED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE										
- 1													

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21203-3146

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ı.	y be	page	pe
BALTIMORE,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be m
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	ath. P	neral	min
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	÷.	cate	Item
>	CIAN	the S	0
OF	HYS	this c	ked.
Z	NG P	fter t	mar
5	ENDI	DR: A	- 60
=======================================	ATT	ECTL IS at	m 28
ā	L OR	Pon Thom	Iter
	PITA	IERAI in 72	11:11
	HO.	E.	TAN
	里	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	4P0F
	2	2 2	*

	FOR STATE	STATE OF I						MENTAL HYGIEN	E		
	REGISTRAR		CI	ERTIF	ICATE C	F DEA	ГН	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT I	SANTM	YER				2. DATE OF DEATH MONTH DATE OF DEATH DATE OF DEATH DATE OF DEATH		year		
	4. SOCIAL SECURITY NUMBER	5. SEX		6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRT						6. BIRTHPLACE (State or Foreign	
	579-05-7603	1 🔼 M 2 🗌 F	73	YRS.	MONTHS DAY	'S HOURS	MIN.	(Month, Day, Year) May 12.1	916	Virginia	
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOV	N OR LOCAT				NTY OF DEATH	
DIRECTOR	Annapolis Conv	er	Ann	apol:	is		An	ne Arundel			
HC	10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY		
		ie Arund	lel		Edgew					1 TYES 24 NO	
FUNERAL	10e. STREET AND NUMBER					101. ZIP COD			1190	ZEN OF WHAT COUNTRY?	
NE	220 Oakwood F	W .	IT EVER IN U.S. AR	MED	12 WES		1037	IIC ORIGIN? (Specify Yes		U.S.A. 14. RACE — American Indian.	
	1 Never Merried 2 Merried	FORCES?	YES 2 1	NO	If yes		en, Mexica	n, Puerto Rican, etc.)	or No—	Bleck, While, atc.	
BY	3 Widowed 4 Divorced	W W	the second secon		''	TES 2 [] NO	Specify			White	
臣	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	(G	ive kind of	USUAL OCCUP work done during	ATION most of work	ing	16b. KIND OF BU	SINESS/IND	DUSTRY	
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5	+)	S 11 TO C	ervisc	27		Build	ing	Construction	
OM	17, FATHER'S NAME (First, Middle, Last)			o u pe	SIVISC		HER'S NA	ME (First, Middle, Maiden	300	oonstruction	
	Mavo Santmyer	•				,	Vire	inia Sma	llwo	ood	
TO BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Str.			Route Number, City or Tow			
F	Marie Martha Santmyer 220 Oakwood Road, Edgewater, MD 21037										
	20e. METHOD OF DISPOSITION 1 To Buriel 2 Cremetion 3 Removal from State Dodation 5 Other (Specify) Dodation 5 Other (Specify)										
5	21 SIGNATURE OF FUNERAL SERVICE U	OFNSEE	//Lak	emor	1t Gen	E AND ADDR	ESS OF FA	Dav Dav	1dso	nville, MD	
	House O. V. A	14	/							21401	
	23. PART I. Enter the diseases, or	- Ju/1	~	oth Do						polis,MD	
	shock, or heart fallure.				not antar the	mode or dy	/ing, auc	n aa cardiac or reap	iretory an	Approximata Interval Between Opset and Death	
	disease or condition										
	pue to (or as a consequence of):										
Z	Sequentially list conditions. 6 with										
ATIO	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	QUENCE O	F):	6.1.	: 00.	ation-		6. de.	
일	CAUSE (Disease or Injury that initiated events	c. DUE TO	O (OR AS A CONSE	OUENCE O	T):	n pu	PKI	if (Uh-		0019	
CERTIFICATION	reaulting in death) LAST	d									
	PART II. Other significant condition	na contributing to	death but not	resulting	in the under	ving cause	given in	Part I. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
S		(1	1 0			,		PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
: MEDICAL	(ou sestille	Heart	Jail 11	770 -	110	, 507	4	1 _ YES :	Z [] NO	OF DEATH?	
2 3			/								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	OTHER:	8. PLACE OF	DEATH (Ch	eck only one)			
YSI	1 TYES 2 NO	1 Inputient 2	☐ ER/Outpatient 3		4 - Nursing		Residence	6 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	26b. Till IN.	JURY	WORK?		28d. DEŞCRIBE HOW	INJURY OC	CURED	
	2 Accident Investigation	28e. PLACE	OF INJURY — At h	ome, farm,			_ NO	281. LOCATION (Street	and Number	r or Rural Route Number,	
TED	4 Homicide 8 Could not be	building	, atc. (Specify)					City or Town, State			
PE I	29% CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	f my knowledge, d	eath occur	red at the time,	date and plac	e, end due	to the cause(e) end me	nner es ata	fed.	
BE COMPLETED	Oracon only									he ceuse(e) end menner ee stated.	
BEC	200 SIGNATURE AND TITLE OF CERTIFIE	1				29c. LIC	CENSE NUI	MBER	29d. DAT	TE SIGNED (Month, Day, Year)	
TO B	July //	III	Or	1)	1	1165	3	•	3/19/90	
I have	MANNE AND ADDRESS OF PERSON W	HO COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Type	e, Print)	For	mat	A. A	24/:	11.1.0	
	1010.0-116							107 100			
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE		1852	101	US(04. 11	nul	opus mo	
	31. DATE FILED (Month, Dey, Year)		AR'S SIGNATURE	\$0.40 a	1852	10*	US(04. 11	nui	21401	

TO THE RESERVE OF THE STATE OF THE SECOND SE

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BALTIMORE, MARYLAN
and after death. Page 6 may be retained by the

ansit permit. Pages 1, 2, 3 should

JAMES J

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - SIAIE		MENT OF HEALTH				50 1009,			
	1. DECEDENT'S NAME (First, Middle, Last)	CERTIFI	CATE OF DEAT	2. 0	REG. NO.					
	MILTON S. SACHS)3 1					
	544-48-3446 1 x M 2 □ F	SE (In yrs. lest birthdey) 85, YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS NOURS	MIN.	DATE OF BIRTH Month, Day, Year) 07-16-0	4 L:	IRTHPLACE (State or Foreign ourstry) ithuania			
OB	99. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSPITAL		GLEN BURN		MD	9c. COUNTY (OF DEATH			
ן ק	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c CITY	TOWN OR LOCATION				Jod, INSIDE CITY			
FUNERAL DIRECTOR	Maryland Anne Arundel		verna Park				LIMITS? 1 YES 2 NO			
IERAI	18 Boone Trail		10f. ZIP CODE	1146		u.S				
B≼	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECENDENT O If yes, specify Cuber 1 ☐ YES 2 ※ NO	n, Mexican, Pu			RACE — American Indien, Black, White, atc. Specify: SUCASIAN			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S L (Give kind of w life. Do NOT use	JSUAL OCCUPATION ork done during most of worldn pretired.)	og .	16b. KIND OF BUS	INESS/INDUST	RY			
립	12+	Hydrau]	lic Enginee:	r	U.S.	Govern	ment			
	17. FATHER'S NAME (First, Middle, Last) Tevye Sass	- 1	16. MOTH	HER'S NAME (F	First, Middle, Maiden	Surname)				
8	196. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)									
2	Mr. Dennis N. Sachs	18 Bo	oone Trail	Sever	na Park,	MD 2:	1146			
	20e. METHOD OF DISPOSITION 1	other place)	ITION (Name of cemetery, crem			CATION — City				
	4 Donetion 5 Other (Specify)	King David	Memorial G			lls Ch	urch, VA			
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	mas.	495 Ri	tchie	Y Highway , Maryla	nd 21	146			
	23. PART I/Enter the diseases, or complications that caushock, or heart feliure. List only one cause o	ised the death. Do no n each line.								
	impleDrATE CAUSE (Final disease or condition resulting in death)	o pulmo-	ear a Ost	est			Onset and Death			
_	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. (4r dis pulmo-ary arrest nut known DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, isading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ATIO	Sequentially liet conditions, if any, isading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST									
崽	d									
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to deal	th but not resulting l	n the underlying cause of	given in Part	ti. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 □ NO 1 □ Inpetient 2 □ ER/	Outpetlant 3 DOA	26. PLACE OF DOTHER:							
	27. MANNER OF DEATH 28e. DATE OF INJU	RY 28b, TIMI ar) INJ	E OF 28c. INJURY AT WORK?	280	d. DESCRIBE HOW I	NJURY OCCURI	ED			
ED BY	2 Accident Investigation	IURY — Al home, farm, s	M 1 yes 2 Hot tall a wife							
	4 Homeda datermined	uo-		- 1	TOO WIL	Wry 1C	roger wing			
COMPLET	29e. CERTIFIER (Check 1 CERTIFYING PHYSICIAN: To the best of my k one) 2 MEDICAL EXAMINER: On the bests of examine						ouse(e) and menner ee stated.			
BE CC	29b. SIGNATURE AND TITLE OF CENTIFIER		29c. LIC	ENSE NUMBER	,	29d. DATE SIG	GNED (Month, Day, Year)			
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Tops	[U =	(1).	10	3 -	17-70			

YORK, M.D. 200 HOSPITAL DRIVE GLEN BURNIE, MARYLAND 21061

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Davidson-Randell

90 10094

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATN 3 50 Pm 6. BIRTNPLACE (State or Foreign Philippines 9c. COUNTY OF DEATN 10d, INSIDE CITY 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? Philippines 14. RACE - American Indien, Black, White, etc. Filipino 16b. KIND OF BUSINESS/INDUSTRY World Bank 20c. LOCATION — City or Town, State Sucat Paranaque, Philippine 20745 Md. Approximate Interval Between Onset and Deeth WKS days monte WKS 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 3-18 190

DHMH-16 Rev 1/89

maryland 20735

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN			3. TIME OF DEATH
Marc Saul Si	lbersher				March 16,	1990	YEAR	11:50 Am
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (I	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign
100-32 0043	1 🔀 M 2 🗆 F 17	YRS.	IONTHS DAYS	HOURE MIN.	Sept. 3,			nceton, N.J
9e. FACILITY NAME (# not institution, give stre NIH, THE CLINICAL				da, Maryl			gome	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
Pa.		Yard	ley					1 X YES 2 NO
407 Essex Lane				19067		10g. CITIZ		NAT COUNTRY?
11. MARITAL STATUS 1 X Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	If yes,		NIC ORIGIN? (Specify ton, Puerlo Ricen, etc.)		14. RACE Black,	- American Indian, Whita, atc. White
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION ompleted) Coffege (1-4 or 5+)	16a. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during r retired.)		18b. KIND OF E			
11th Gr		Sil	ıdent		HIS	gh Sch	DOT	
17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maid	en Sumame)		
Howard Silbershe	r			Simone	Assoul	ne		
190. INFORMANT'S NAME (Type/Print) Mr. Howard Silber	sher, father		DORESS (Street		Route Number, City or 7		Code)	
20e. METHOD OF DISPOSITION	20b	PLACE OF DISPOSIT		and the state of the state of	20c.	LOCATION (City or Tov	vn, State
1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	mi from State	other place)		al Chape		Zadlev		
21. SIGNATURE OF FUNERAL SERVICE LICE		TASTOR		AND ADDRESS OF FA		aurey	9-1-5	
1. Pm	ashall		Mar	shall's F	uneral Ho NW: Wash	me	_	00011
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) MY DO DOM	allere sti	leikini	<u> </u>			
PART II. Other significent conditions	contributing to deeth b	ut not resulting in	the underly	ing cause given in		AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS
						2 NO		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 M YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C)	heck only one)			
	1 Xinpatient 2 ER/Outp		OTHER: 4 I Nursing H	ome 5 🗆 Residence	8 🗆 Other (Specify)			
27. MANNER OF DEATH 1 🔀 Netural 5 🗌 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY \	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCC	CURED	
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, st			28f. LOCATION (Stre City or Town, Str		or Rural R	loute Number,
one)	IAN: To the best of my know							and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	/	The second second		29c. LICENSE NU				
W-D, NY	- In	>		250. LICENSE NU	mole (-16-	(Month, Day, Year)
W.D. Hoffn	COMPLETED CAUSE OF DE			le Pike,	Bethesda,	Mary1	and	20892
MAR 20 90	1 32. AUGISTRAR'S SID							

In the bunal-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6 may be returned TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neutified. BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, M. C. C. C. C. BOX 13146, BALTIMORE, M. C.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5, men or this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5, men or the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prof to bunal, cremation, or removal. IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not the prof.

	REGISTRAR		CER	TIFICA	TE OF	DEATH	1	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH DAY		YEAR	3. TIME OF DEATH		
- 1	Karl Theodore S	tohr					Month	h_18.1	000	TEAR	9:45 P M		
- 1			GE (in yrs. last bir	thday) IF I	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			a. BISTI	IPLACE (State or Foreign		
l	FO	1 ☑ M 2 ☐ F		YRS. MON		HOURS MIN.	(Month, D			Countr	ry)		
	3/9-30-/880	A -	89								nington, D.C.		
	9a. FACILITY NAME (If not institution, give etree	et end number)		9b.	CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUN	ITY OF D	EATH		
DIRECTOR	5809 Marlboro Pik	e			Distr	ict Heigh	ts	1	Prin	ace	Georges		
5	RESIDENCE OF DECEDENT					7-11-11-11-11							
	10a. STATE 10b. COUNTY	0	1"		WN OR LOC						10d. INSIDE CITY LIMITS?		
	Maryland Prince	Georges		Dist	rict	Heights					1 TYES 2 NO		
7	10e. STREET AND NUMBER				1	Of. ZIP CODE			10g. CITIZ	ZEN OF Y	WHAT COUNTRY?		
5	5809 Marlboro Pik	е				207	47		11.5	Λ 2			
CNER		12. WAS DECEDENT EV				CENDENT OF HISPAN	IC ORIGIN? (14. RACE	E — American Indien,		
	1 Never Married 2 X Merried	FORCES? 1 Y				pecify Cuben, Mexica S 2 V NO Specify		an, etc.)		Speci	k, White, atc.		
5	3 Widowed 4 Divorced		0.00			No.			- 1		white		
3	15. DECEDENT'S EDUCA	TION	16a. DECED	ENT'S USU	AL OCCUPAT	ION	16b. KI	ND OF BUSIN	NESS/IND	USTRY			
4	(Specify only highest grade co	College (1-4 or 5+)	life. Do	NOT use reti	fone during r red.)	nost of working							
	7	contage (i v o. o v)	Patt	ern M	akor		1 11 0	S. Gov					
5	17. FATHER'S NAME (First, Middle, Last)		Tack	CIN II	anci	18. MOTHER'S NA				116-111			
							, ,						
100	Henry Stehr 190. INFORMANT'S NAME (Type/Print)		B117017			Louise			A	0.11			
2													
	Thelma W. Stehr		1.580	09 Ma	rlbor	o Pike, Di	strici	t Heig	hts,	MD	20747		
- 1	20e. METHOD OF DISPOSITION 1	nt from State	20b. PLACE OF other place)	DISPOSITIO	N (Neme of c	emetery, crematory or		20c. LOCA	ATION —	City or To	own, State		
- 1	4 Donation 5 Other (Specify)		Cer	Cedar Hill Cometery Suitland, MD.									
	TO SHOULD UP OF FUNERAL SERVICE LICE	NSEE			22. NAME	AND ADDRESS OF FA		43	308 5	Sui t	land Rd.		
	Days 1	Holba			Rober	t E. Wilh	elm,I	nc. c.	1 .		MD. 20746		
⊣	23. PART I. Enter the diseases, or co			Do not	nter the n	ode of dulage aug	h ac cardia	o or maple	IT LTS	ind,	Approximate		
	shock, or heart failure. Li	st only one cause of	on aach line.	i. Do not e	ritai tiia ii	loca or dying, suc	ii aş calçıa	C Of Teaphre	story sir	our,	Interval Between		
- 1	IMMEDIATE CAUSE (Final	1		,	,		· · · · · · · ·				Onset and Death		
	disesse or condition resulting in death) s.	Carcin	oma	d. 6	Mon -	- Mortosto	fee				5 years		
_1		DUE TO (OR	AS A CONSEQUE	NCE OF):									
2	Sequentially list conditions, b.												
=	If any, leading to immediate	DUE TO (OR	AS A CONSEQUE	INCE OF):							ł		
CERTIFICATION	CAUSE (Disease or Injury												
=	that initiated events	DUE TO (OR	AS A CONSEQUE	NCE OF):									
Ē	resulting in death) LAST												
5	PART ii. Other significant conditions	contributing to doe	th but not roo	uleina in el	a redadui	ne enues chan la	Dord I O	4e. WAS AN A	urronev	1 04	b. WERE AUTOPSY FINDINGS		
4	PART II. Other significant conditions	contributing to dea	un but not read	utung ini u	ie underly	ing cause given in	Part I. 2	PERFORM		290	AVAILABLE PRIOR TO		
5							1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?		
뿔							_				1 TES 2 NO		
PHYSICIAN: ME													
4	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (Ch	eck only one)						
2		HOSPITAL: 1 Inpatient 2 ER.	/Outpatient 3		HER: Nursing He	ome 5 Residence	a 🗆 Other (Specify)					
	27. MANNER OF DEATH	28e. DATE OF INJU	JRY 2	86. TIME OF	28c. I	NJURY AT YORK?	28d. DESCI	RIBE HOW IN	JURY OC	CURED			
	1 Netural 5 Pending	(MOTRI, Day, R	sur)	INJUNT		YES 2 NO							
2	2 Accident	28e. PLACE OF IN	JURY — At home	, farm, atree	t, factory, of	lice	28f. LOCAT	ION (Street an	nd Number	r or Rural	Route Number,		
ED	4 Homicide determined	building, etc.	(Specify)				City or	Town, State)			18.212.		
	290. CERTIFIER												
2	(Check only												
COMPLE	2 MEDICAL EXAMINER	: On the besie of axami	nation end/or inve	estigation, in	my opinion	, death occured at the	time, data er	nd place, end	dua to Th	te ceuse(e) end manner ee stated.		
N L	29b. SIGNATURE AND TITLE OF CERTIFIED	711				29c. LICENSE NUI	MBER	, [29d. DAT	E SIGNE	D (Month, Day, Year)		
	Om-nex	talle				1000	348	>		3/2	1/90		
2	30. NAME AND ADDRESS OF PERSON WHO		•		*	, , , , ,				1			
	RIMINEDZBRER	11701	LIVINI	FSTEN	Ra	ET W	MSX.	Mo	10	74	4		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	70					-	,			
	MAR 21 '90	32. REGISTRAR'S	Vavidson-1	yandels	-								
		1.1.											

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) THE HOSPITAL OR ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	s flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
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	REGISTRAR		CERTI	FICA	ALE UF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle Last)	С.	STODI	DA	RD		2. DATE OF DEATH	Y K	3	TIME OF DEATHS	
	4. SOCIAL SECURITY NUMBER		GE (in yrs. last birthda		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
	578-10-4260	1 🙀 M 2 🗆 F	96 YRS		MONTHS DAYS HOURS MIN. (Month, Day, Year) Dec. 13,1				893 Wisconsin		
_	9a. FACILITY NAME (if not institution, give s	State and I				R LOCATION OF DE	НТА	9c. COU	NTY OF DEA	тн	
10H	Regency Nursing Center				Forest	ville		Pri	nce G	eorge's	
EC	10a. STATE 10b. COUNTY	r	10c. (жту, то	WN OR LOCAT	ION			10	Od. INSIDE CITY LIMITS?	
FUNERAL DIRECTOR		nce Georges	s Fo	res	tville					YES 2 X NO	
₹ I	10e. STREET AND NUMBER			101	ZIP CODE				AT COUNTRY?		
	2613 Overdale P1					20747			.S.A.		
	1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO		If yes, sp	ecify Cuban, Maxica	IC ORIGIN? (Specify Yen, Puarto Rican, atc.)	s or No	Black, \	- American Indien, White, etc.	
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR O	R DATES**		1 🗍 YES	2 NO Specif	<i>/:</i>		Specify:	white	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT		AL OCCUPATION		16b. KIND OF BU	SINESS/INI	OUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT	use ret	ired.)	st or working					
d A		1	Upho1s	ter	er		Furnit	ire			
8	17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S NA	ME (First, Middle, Malder	Surname)			
BE	Emory Stoddard						allace				
2	19a. INFORMANT'S NAME (Type/Print)	_1					Route Number, City or Tox		,		
	Marguerite Stodda	- 7					orestvill				
	20a. METHOD OF DISPOSITION 1. ☑ Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	20b. PLACE OF DISI other place)						City or Town	CHIEF		
-	231-BIONATURE OF FUNERAL SERVICE LIE		Ceda	r H	111 COL	notery D ADDRESS OF FA	CHITY	itlar	nd, Mo		
	Brug 1	Della	4-					4308 Suit	Suit	land Rd.	
	Robert E. Wilhelm, Inc. Suitland, MD.20746 23. PART I. Enter the diseases, or completions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death										
	disease or condition CAR PIPATO PI FRO 11 1719 F									10 ories	
	oue to (or as a consequence of):										
Z	- YERN INAL, BROWCHOPNED MONIA BOAVS										
CERTIFICATION	bue 10 (OR AS A CONSEQUENCE OF):										
일	CAUSE (Disease or Injury Due TO (OR AS A CONSCIUENCE OF): DUE TO (OR AS A CONSCIUENCE OF):										
Ē	that initiated events resulting in death) LAST										
		d.									
A	PART II. Other significant condition	is contributing to dear	th but not resulting	ng in ti	ha undariyin	g cause given in		N AUTOPSY	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
EDICAL							1 YES	2 NO		OMPLETION OF CAUSE OF DEATH?	
W									1	TES 2 NO	
ÿ											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (C	eck only one)				
YSI	1 TYES 2 NO	1 Inpetient 2 ER/		1 45	Nursing Hon		6 Other (Specify)				
H	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Ye	RY 26b.	TIME OF	W	JURY AT	28d. DEŞCRIBE HOW	INJURY OC	CURED		
B	2 Accident Investigation				M 1.						
	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (URY — At home, far Specify)	m, stree	rt, factory, offic	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
9	29a. CERTIFIER CERTIFYING DAYS	ICIAN: To the best of my is	nowledge death age	umad a	t the time det	and alone and do	to the enuncial and m		2.		
COMPLET	cool	ER: On the basis of examir								and manner as stated.	
8	29b. SIGNATUPE AND ATTUE OF CERTIFIE				, ,	Section 2007					
BE	WATER	les	2911	0)	29c. LICENSE NU	S AIN	29d, DA	SIONED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CALLES O	E BEATH TITEM 27 C	ine D	nt)	8100	3(3.0)		2/1	1110	
	ARTHUR S	HAVER	TRU		-913	1 Pisc	ATAWAY	RDC	CLANT	ON, MD, NO	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1. K . L . Tonda 00 .										
		7 0.	1) . [/2/2/	MARIA	E -A						

03-3146

BALTIMORE, MA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained to attending physician.	tending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 structures.	as the burial-transit
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified in other.	

						71	0 10030				
FOR 1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL HYGIEN REG. NO	_					
1. DECEDENT'S NAME (First, Middle, Last	EDWAR	SAX	110P		2. DATE OF DEATH DO D	AY PEAR	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBÉR 213-18-9126		AGE (In yrs. lest birthday) 69 YRS.	7. DATE OF BIRTH (Month, Day, Year) Jan. 28, 1	8. BIR Cou	THPLACE (State or Foreign intry) ryland						
98. FACILITY NAME (If not institution, give	,	Center	1 '	or Location of Di	EATH	9c. COUNTY OF					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY	10c. CITY, TOWN OR LOCATION 10									
Maryland Ani											
202 Bear Cres 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EX	YER IN U.S. ARMED YES 2 NO	If yes, I	specify Cuban, Maxica	NIC ORIGIN? (Specify Year, Puarto Rican, atc.)	Bla	CE — American Indian, ack, White, atc.				
3 Widowed 4 Divorced	W W II	16a, DECEDENT'S	USUAL OCCUPAT	S 2X NO Specif			nite				
(Specify only highest grad	College (1-4 or 5+)		work done during rise retired.) enter	nast of working	Cons	tructi	o n				
17. FATHER'S NAME (First, Middle, Last) Benjamin Fra	anklin Say			55	ME (First, Middle, Meiden Katherin		rs				
19a. INFORMANT'S NAME (Type/Print) Ethel Irene	Benjamin Franklin Saylor Mary Katherine Waters 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ethel Irene Saylor 202 Bear Creek Parkway, Edgewater, MD 21037										
METHOD OF DISPOSITION Method of Disposition Record of Donation Other (Specify)	Trule Carlo	20b. PLACE OF DISPO	sition (Name of o	erans Ce	metery	OCATION — City or	Town, State				
21. SIGNATURE OF FUNERAL SERVICE I	Taylor Funeral Chapel 21401 147 Gloucester St., Annapolis, MD										
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition CONGESTVE NEULT FAILUVE Approximate Interval Between Onset and Death Line Congestive Neurt Failuve											
oue to (or as a consequence of): (avdiomy opathy one year											
Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE DF):											
resulting in death) LAST	d										
PART II. Other aignificant condition	ona contributing to da	ath but not resulting	In tha undarly	ing cauaa givan in	Part I. 24s. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (CI	heck only one)						
EXAMINER? 1 YES 2 YOO 27. MANNER OF DEATH	28a. DATE OF INJ	A/Outpatient 3 DOA	ME OF 26c. I	ome 5 - Raaldenca	6 Other (Specify)	INJURY OCCURED					
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b	28a, PLACE OF IN	IJURY — At home, farm,	M 1	VORK? YES 2 NO	28I. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
one)	/SICIAN: To the best of my										
29b. SIGNATURE AND TITLE OF CERTIF		(// \	ion, in my opinion	29c. LICENSE NU			IED (Month, Day, Year)				
30, NAME AND ADDRESS OF PERSON N				ILIN CA.	Annapa	olic 11	0. 21401				
31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S		. , •	71.1.1	/ * t - acg / c	us, au	11 20101				

Lukia Davidson Bindale

transit permit. Pages 1, 2, 3 should

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	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	7.	alan Andre	or Col	aibal	2. DATE OF DEATH MONTH MARCH 2	Y YEAR				
		8. SEX 8. AGE (ohn Andr	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign untry)			
	5// 0/-0//	1 💢 M 2 🗆 F	86 YRS.	MONTHS DAY		700	903	Penn.			
œ	9. FACILITY NAME (If not institution, give street	= 52 JT = 2		9b. CITY, TOV	DEATH						
20	3030 Hickory Ridge	e Ra.		Dunkirk Calvert							
DIRECTOR	Maryland 10b. county Calve	ert	10c. CIT	Dunki:	rk			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	3030 Hickory Ric	dge Road			20754		10g. CITIZEN OF	F WHAT COUNTRY?			
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES IF YES, GIVE WAR OR DO	2 100	If yes	DECENDENT OF HISPA , specify Cuban, Mexico YES 2 NO Specific		Sp	ACE — American Indian, ack, White, etc. lecify: ICASIAN			
1	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION empleted)	16e. DECEDENT'S	USUAL OCCUP	ATION a most of working	16b. KIND OF BUS	SINESS/INDUSTRY	1			
	Elementary/Secondery (0-12) 5th 2 D:	college (1.4 or 5+) rexel Inst.	Genera			Own Com	pany				
E COMPE	17. FATHER'S NAME (First, Middle, Last) Joseph Scheibel	hoffer			Surname)						
TO BE	19a. INFORMANT'S NAME (Type/Print) Marjorie F. Sche.	ibel		as 10		Route Number, City or Town	n, State, Zip Code)				
	20g_METHOD OF DISPOSITION 1	al from State	edar Hil	1 Ceme		Suit	cation - city or :land Ma	ryland			
	21. SIGNATURE OF FUNEBAL SERVICE LICES	VA	,			капder Ferr		•			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Approximate interval Between Onset and Death Hours Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Perpheral Vaccular Different Confidence of Death (Check only one) 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
SICI		HOSPITAL:	patient 3 🗆 DOA	OTHER:	Home 6 - Residence						
	27. MANNER OF DEATH 1 Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b, TIR	JURY	JNJURY AT WORK?	26d. DESCRIBE HOW	NJURY OCCURED				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, cify)		YES 2 NO	281. LOCATION (Street City or Town, State)		rel Route Number,			
COMPLETED	and only	IAN: To the best of my know						se(e) end manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER								NED (Month, Day, Year) ch 21, 1990			
5	30. NAME AND ADDRESS OF PERSON WHO		>	e, Print)	whos. I	40 20	>36				
	31. DATE FILED (Month, Day, Year) MAR 26 '90	32. REGISTRAR'S SIGN	Iron-Randa	02							
		0						DHMH-16 Rev 1/89			

nding physician.	s the burial-transit permit. Pages 1, 2, 3 should		
er death. Page 6 may be i present a mente.	the funeral director, page 5 money and the second section of the secti	ral.	examiner must be notified a principal
s that the death certificate be executed within 25 nours after	ned by the attending physician and completely filled in by th	lith and Mental Hygiene prior to burial, cremation, or remova	any injury, or other traumatic event, the medical examine
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	THE FUNERAL DIRECTOR: After this certificate has been sign	be filed within 72 hours after death with the State Dept. of Healt	IMPORTANT: If item 28 is marked, or item 23 shows

D-21203-3146

BALTIMORE, MA ours after death. Page 6 may be re-

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	DAV	YEAR	3. TIM	E OF DEATH	
	Russell L. Stall	lings							7	- 2	5 -	90	3	A	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER		IF UNDER	_		OF BIRTH	-	6. BIRTH Countr	PLACE	(State or Foreign	
	217-07-4920	XX M 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	07	17	17	Mar		and	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN C	R LOCATIO	N OF DE	ATH		9c. CO	UNTY OF D			
DIRECTOR	11205 Old Mar		Upper Marlboro Prince George'					s							
2	RESIDENCE OF DECEDENT												10d. II	NSIOE CITY	_
18	Maryland Pri				rlbo	220					L	IMITS?			
	10a. STREET AND NUMBER	nce Geo	orde a	1 01	pper		. ZIP CODE				10g. Cl	TIZEN OF W		-	_
ER/	11205 01d Mar]	horo P	ike			2	0772				11	S.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EYER IN U.S. A	RMED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGI	N? (Specify Y		14. RACE		erican Indian,	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	XYES 2 C	NO		If yes, spo	2 XNO	Specify		Rican, etc.)		Speci	c, White fy:	i, etc.	
		WWII										Cauc	as	ian	_
ETED	15. DECEDENT'S EOU (Specify only highest grade	completed)	18a, O	ECEOENT'S L Give kind of w le. Do NOT use	ork done	CCUPATIO during mo	ON st of working	g	16	b. KINO OF B	USINESS/IN	IDUSTRY			
2	Elementary/Secondary (0-12)	College (1-4 or 5	•)												
季	1.2 17. FATHER'S NAME (First, Middle, Last)	N/A	Ca:	rpent	er					Navy Middle, Maide			ve	rnment	
(本)	John William	Stallin	acc												
黜	19a. INFORMANT'S NAME (Type/Print)	Scalli		DE MAILING	ACCRES	© (Otmat a				ez P					
2	Rae I. Lusby														
	20a. METHOD OF DISPOSITION			OF DISPOS) Pi	KE U	ocation -	Mar - City or To	wn. Sta	oro Mo	
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other p	olace)					· L ~	v Ch				2011	2
	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE	Hary	Land			ID ADDRES								
	Model	1	A.		66	33	014	λ1.	\ V \ Y					me, In	
	23. PART I. Enter the diseasee, or o	N.O	acc	Land David								_	-	Approximate	I , IMC
	ehock, or heart feilure.	List only one cau	ise on each lin	ie.	or enter	r the mo	de or dy	ng, euc	n ee ca	raiec or ree	piratory e	rrest,		Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	Dase	paler	1	111	1,8	71-10-1	1.1	110	line A.	el-	-	'	Onset end De	ath
	resulting in deeth)		OR AS A CONSI			an	200		VU	ryen			-		_
_	_	002 10	(On AS A CONS	EUGENCE OF).										
No.	Sequentially list conditions, if any, leading to immediate	bDUE TO	(OR AS A CONSE	EQUENCE OF	j:								+		-
NA I	cause, Enter UNDERLYING														
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	EOUENCE OF	ŋ:										
CERTIFICATION	resulting in deeth) LAST	d					•						_		
	PART II. Other significant condition	e contributing to	death but not	resulting i	n the u	nderlyin	g cause o	lven in	Part I.	24a, WAS /	N AUTOPS	y 24b	WERE	AUTOPSY FINDIN	GS
EDICAL						,,,,,	,			PERF	ORMED?		AVAILA	ABLE PRIOR TO	
ED										1 TYES	2 MO		OF DE		
Σ													1 🔲	YES 2 NO	
M	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	EATH (CA	neck only o	one)					-
PHYSICIAN:	EXAMINER? 1 FYES 2 NO	HOSPITAL:	ER/Outpetient	3 DOA	OTHE	R:	-			et (Specify)					
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIMI	E OF	28c. IN.	URY AT		-	SCRIBE HOV	INJURY O	CCURED			
	1 Natural 5 Pending	(Month, E	Jay, 19ar)	INJ	URY M		YES 2] NO							
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE C	F INJURY AI h	nome, ferm, a	rtree1, fac	tory, offic	8			CATION (Street		per or Rural	Route N	lumber,	
ш	4 Homicide determined	oulding,	alc. (Specify)						Cit	y or Town, Sta	te)				
LET	29a. CERTIFIER (Chack only 1 CERTIFYING PHYS)	CIAN: To the best of	my knowledge, o	death occurre	ed at the	time, date	and place.	and due	to the c	euse(a) and n	enner as s	tated.			
COMPL	(Check only one) 2 MEDICAL EXAMINE												n) and r	manner ea stated	
	285. SIGNATURE AND TITLE OF CERTIFIE	10		-			29c. LICE							h, Day, Year)	_
BE	Augusta &	Heretadas	100 MM	W					30	>	1	3-2	5-	90	
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type,	Print)										
	Augusto P. Rodri					mp Si	pring	s,Mo	d. 2	0748					
	31. DATE FILED (Month, Day, Year)		Lavidson-							· · · · · · ·					
	MAR 26 '90	guna	Laurdson-	Manage											
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 per	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completery maken in	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremellon, Kapp	tarbootant. If form 90 is marked as from 93 shows now injury as other transmitting event the
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGI REG.		
	1. DECEDENT'S NAME (First, Middle, Lest)	•	OLITIN	IOAIL OI	DEATH	2. DATE OF OEAT	1	3. TIME OF DEATH
	Edward	Steers				03 2	6 90	8:35 a M
1 1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTN (Month, Day, Yea	6	. BIRTHPLACE (State or Foreign Country)
	194-10-1194	1 💢 M 2 🗆 F	79 YRS.	MONTHS DAYS	HOURS MIN.	07/15/1		Maryland
	9a. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, TOWN O	Y OF DEATH			
DIRECTOR	Greater Baltimor				Towson		Ba	ltimore
#	10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCAT				10d. INSIOE CITY LIMITS?
		ltimore		Frede				1 NES 2 NO
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE			U.S.A.
밀	5860 Genesis Lan			40 1110 000	21701			
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	2 1 NO	If yes, spe	cify Yuban, Mexic	NIC ORIGIN? (Specifi an, Puerto Ricen, atc	Yee of No	4. RACE — American Indien, Black, White, atc.
B≼	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 🗌 YES	2 NO Speci	fy:		SpecifyWhite
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DECEDENT'S	USUAL OCCUPATIO	N et est estate	16b. KIND OF	BUSINESS/INDU	STRY
	Elementery/Secondery (0-12)	College (1-4 or 5+)	Itte. Do NOT u	biologi	sta working st	Co	llege :	Professor
를	12	5 + 1 -	MICIO	0101021				
COMPLET	17. FATHER'S NAME (First, Middle, Lest) John E. Steel	og.			18. MOTHER'S N.	abeth H	iden Sumame)	-0.50
BE		. 5						
2	19a, INFORMANT'S NAME (Type/Print)		196. MAILING 5860	Genesi	nd Number or Rural	Frede	rick, State, Zip C	Md. 21701
	Mary Mae Steel						_	
	20g METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Rem	ovat from State	Pine G	SITION (Name of can COVA	netery, cremetory or	P 200	LOCATION — CI aupack	ty or Town, State Pa.
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	1 4110 0		ID ADDRESS OF E		-	
	1/ /	110-	11	Thou	East	FTetche Main St er Md	r & 50	n r.n.
	Juany !	Theleh	en	Wes	tminst	er. Md.	21157	
4	23. PART I. Entar the diseeses, or ahock, or heart fallure.	complications that cause List only one cause on a	d the deeth. Do a	not enter the mo	de of dylng, su	ch as cardiac or r	espiratory arre	at, Approximate Interval Batween
	IMMEDIATE CAUSE (Final							Onset end Death
	disease or condition resulting in deeth)	. Myocardia						
		OUE TO (OR AS	A CONSEQUENCE O	F):				
CERTIFICATION	Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE O	F):				<u> </u>
Ĭ.	If any, laading to immediata ceuse. Enter UNDERLYING	•						
Ē	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE O	F):				
	reaulting in death) LAST	d						
Ö	PART II. Other algnificant condition	na contributing to death	but not resulting	In the underlying	r cause alven le	Part I 24e WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
[PAIT II. Other argument condition		but not resulting	iii tile diloariyiii	g cause givaii ii		REPORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA						1 _ YI	S 2 NO	OF DEATH?
Σ						—		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28 PI	ACE OF OEATN (C	(heck only one)		
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	tostlent 3 🗆 DOA	OTHER:	-	8 Other (Specify		
Ĭ Ž	27. MANNER OF DEATN	26a. OATE OF INJURY	26b. TIA	E OF 28c. INJ	URY AT	26d. DESCRIBE N		JRED
	1 Naturel 5 Pending	(Month, Day, Yeer)	IN		PRK?			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, farm,	street, factory, offic	•	28f. LOCATION (S	reet end Number o	r Rural Route Number,
JE I	4 Nomicide determined	building, atc. (Spe	вспу)			City or Town,	state)	
	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	wledge, death occur	red at the time, date	end place, end du	a to the ceuse(e) en	menner ee state	d.
COMPLETED	CONSTRUCTION CONTY							cause(s) and menner as stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFIE	R _			29c. LICENSE NU	JMBER	29d, DATE	SIGNED (Month, Day, Year)
88	A.K. Chakra				~	723	100	12190
일	30. NAME AND ADDRESS OF PERSON WI		EATN (ITEM 27) (Type	s, Print)				1-6/1-
	Ashish Kumar Ch	akravarthy.M	.D.		G.B.M.	C		
	31. OATE FILEO (Month, Day, Year)			on-Randal		J.		
	3/26/90 MAR 2	7 90	P	71	?			

FOR STATE REGISTRAR									
1. DECEOENT'S NAME (First, Middle, Las	t)				2. DATE OF DEATH		3. TIME OF DEATH		
Jesse	Willard		SI	rort	march &		1026 M		
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, E	BIRTHPLACE (State or Foreign		
226-26-3651	1 🛣 M 2 🗍 F	74 vrs. "	ONTHS DAYS	HOURS MIN.	3/28/15	; Î	Jaryland		
9a. FACILITY NAME (If not Institution, give	atreet and number)		9b. CITY, TOWN	OR LOCATION OF DI		9c. COUNTY	OF DEATH		
PENINSULA GENE	RAL HOSPITAL		SA	LISBURY,	MARYLAND	W	/ICOMICO		
10a. STATE 10b. COUN	ITY	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY		
Maryland Wo	orcester	S	now Hil	7			LIMITS?		
10e. STREET AND NUMBER				of, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
5601 Taylor I	Road			218	63	1	JSA		
11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DE		NIC ORIGIN? (Specify Ye		RACE — American Indian, Black, White, etc.		
1 Never Married 2 X Married	FORCES? 1 YES			pecify Cuban, Maxica S 2 X NO Specif	in, Puerto Ricen, etc.)		Black, White, etc. Specify:		
3 Widowed 4 Divorced					,		White		
15. DECEDENT'S Et (Specify only highest gra	DUCATION ide completed)	18e. DECEDENT'S U	SUAL OCCUPATI		16b. KIND OF BU	SINESS/INDUST	RY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIfe. Do NOT use	retired.)	out in morning					
3		Mach	inist		Farm	Machine	ery		
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider				
William Thor	nas Short			Ella	Nancy Tub	bs			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street	and Number or Rural	Route Number, City or Tox	vn, State, Zip Cod	le)		
Kathleen W. Sh	nort	5601 Ta	aylor R	load, Sno	w Hill, Ma	ryland	21863		
20e. METHOD OF DISPOSITION 1 X Buriel 2 □ Cremetion 3 □ Re	amoval from State	b. PLACE OF DISPOSIT other place)	TION (Name of ce	emetery, crematory or		OCATION — City			
4 Donation 5 Other (Specify)		Spence B	aptist	Cemetery	Sno	w Hill,	Maryland		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /			ND ADDRESS OF FA					
Manuela 18	William is				St., Snow	י וויים	Md. 21863		
23 FART I. Entar the diseases	complications that cause	d the death. Do no							
shock, or heart fellur	. List only one cause on	each Ilna.		oud D. aying, out	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	matory arrost,	Interval Between		
iMMEDIATE CAUSE (Fine) disease or condition	Range		1. 10				Onset and Death		
resulting in death)	a. DUE TO (OD AS	A CONSEQUENCE OF	ure						
	Rundin	of ARA	mulda	-0 A	1011 2 -0	4.4.4			
Sequentielly list conditions,	DOE TO JOH AS	A CONSEQUENCE OF	DV-01	4/9/	reurys				
if any, leeding to immediate cause. Enter UNDERLYING		Wild Step Southerning			/				
CAUSE (Disease or injury that initiated events	C. OUE TO (OR AS	A CONSEQUENCE OF)	:						
resulting in death) LAST	4								
PART II. Other significent conditi	ons contributing to death	but not resulting in	the underlying	ng ceuse given in	Part i. 24s. WAS AI	NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
					1 _ YES	2 % NO	OF DEATH?		
							1 TES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only one)				
1 TYES 2 NO	HOSPITAL: 1 A Inputiont 2 ER/Out		OTHER: 4 Nursing Ho	me 5 🗆 Rasidance	8 - Other (Specify)				
27. MANNER OF GEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED		
1 Natural 5 Pending 2 Accident Investigatio		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		YES 2 NO					
3 Suicide 8 Could not 8	28e PLACE OF INJUR	Y — At home, farm, st	reet, factory, offi	ce	28f. LOCATION (Street City or Town, State	end Number or F	Rural Route Number,		
4 Homicide determined		,,,,			City or lown, state	,			
29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my know	wiedge, death occurred	f at the time, dat	a and place, and due	to the causa(s) and mu	nner se stated.			
anal start	INER: On the beels of examination						use(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU					
16 sh Comi	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Mar) 3/2 5/90								
31. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (TEN 27) (Type	Print)	1 23	0 170	1./	<-/10		
Benjamin	Meyer	V				/	/		
31. DATE FILEO (Month, Day, Year)	32./REGISTRAR'S SIG	NATURE							
MAR 26'90	gulia Davidso	n-Randell							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 212

UNERAL DIRECTOR

TO BE COMPLETED

1	-	FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR				JERIIF	ICALL	E UF	DEAL	п		EG. NO.			
	1. DECEDENT'S NAME (First, I		d Shives		(9)					2. DATE OF I	DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBE		5. SEX					I		March 14, 1990			M	
	Contract of the Contract of th	:H	5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	24 HRS.	(Month, Da	y, Year)		8. BIRTH	PLACE (State or Foreign y)
	218-10-9849		1 4 M 2 F		72 YRS.					June	3, 19	917	Mary	land
	9a. FACILITY NAME (If not inst	titution, give s	reet and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COU	INTY OF D	EATH
R	Washington C	ounty	Hospital	1		Has	pers	town				Wa	shing	ton
5	RESIDENCE OF DECI	EDENT										- ma		
2	10a. STATE	10b. COUNTY	·		10c. CIT	Y, TOWN	DR LOCAT	TION						10d. INSIDE CITY LIMITS?
□	Maryland	Wash	ington			Big 1	Pool							1 TYES 2 NO
A	10e. STREET AND NUMBER						101	. ZIP CODE				10g. CIT	IZEN OF W	/HAT COUNTRY?
FUNERAL DIRECTOR								2171	11			U.	SA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMEO					IIC ORIGIN? (S		or No-	14. RACE	- American Indian,
	1 X Never Married 2 1		IF YES, GIVE W	YES 24	NO			2 NO		n, Puerto Rica:	n, etc.)		Speci	t, White, etc.
ВУ	3 Wildowed 4 Divon	ced						A						White
COMPLETED	15. DECE	DENT'S EDU	CATION Completed)	16a.	DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON set of workin	v7	16b. KIN	D OF BUS	SINESS/IN	DUSTRY	
ᇦ	Elementary/Secondery (0-		College (1-4 or 5	+)	life. Do NOT us	e retired.)	duing mo	or or or or or	y					
릴	12				Clerk					W	este:	rn M	d. Ra	ailway
0	17. FATHER'S NAME (First, Mid	idle, Last)						16. MOTI	HER'S NA	ME (First, Midd	le, Malden	Surname)		
	Silas D. S	hives						Emma	a El:	izabet	h Mv	ers		
뮒	19a. INFORMANT'S NAME (Ty)		•		19b. MAILING	ADDRES	\$ (Street a			Poute Number, (p Code)	
2	Roy E. Shive	S			2303 (Grane	dvie	w Dri	We I	Hagers	town	Md	21	740
	20e. METHOD OF DISPOSITIO			20b. PLA	CE OF DISPO					iagero	v		City or To	
)	XXBuriel 2 Cremation 4 Donation 5 Other	3 🗆 Rem	oval from Stata	othe	khead				,				1, Mc	
	21. SIGNATURE OF FUNERAL		ENSEE	- Tai	Micad			ND ADDRES	SS OF FA	CILITY				
	(.)	0		H						Gr			ral H	
	Kur	She.		20										i. 21750
	ahock, or heart fallure. List only one cause on each line.								Approximate Interval Between Onset and Death					
CERTIFICATION	Sequentially list condition if any, leading to immed cause. Enter UNDERLYING CAUSE (Disease or Injurthat initiated eventa resulting in death) LAST	liate NG Ty	bDUE TO	huma	SEQUENCE 9	ing		ilor				/		,
	DART II. Other elemities	at annelities	a contribution to	death but as		to the co			eteria ta	Book I as	****		Lau	
EDICAL	PART II. Other algnificar	n condition	s contributing to	death but no	ot resulting	in the u	ngeriyin	g cause i	given in	Part 1. 24	PERFOR		240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă			· · · · · · · · · · · · · · · · · · ·							1	YES 2	□ NO		OF DEATH?
Σ													- 1	1 TYES 2 NO
ÿ										ļ				
중	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE	_	LACE OF 0	EATH (Ch	eck only one)				
S	1 - YES 2 1 10		1 Impatient 2	ER/Outpatient	3 🗆 DOA			ne 5 □ Ra	sidence	8 Other (S	oecify)			
Y PHYSICIAN:		Pending nvestigation	28a. DATE OF (Month, L	NJURY Day, Year)	28b. TIN	IE OF JURY M	W	JURY AT ORK? YES 2	NO	28d. DESCRI	BE HOW I	NJURY O	CCUREO	
ED BY	3 Suicide 8 (Could not be	28e. PLACE C building	F INJURY — At atc. (Specify)	t home, farm,	street, fac	tory, offic	:0		281. LOCATIO	ON (Street own, State)	and Numb	er or Rural I	Route Number,
<u> </u>	29a. CERTIFIER													
COMPLETED	(Check only		CIAN: To the best of a											a) and manner as stated.
H	29b. SIGNATURE AND TITLE	OF CERTIFIE	CHAN	, m1	2	_		29c. LIC	ENSE NUI	MBER		29d. DA	3/11	(Month, Day, Year)
2	30. NAME AND ADDRESS OF			SE OF DEATH	TEM 27) (Type	e, Print)			II.			1 ^	7 7	, –
	Samuel Chan 31. DATE FILEO (Month, Day, 1			AR'S MONATHE	E S				наде	erstow	n, Mo	1. 2	1/4()	
	MAR 22	" 90	June	L Davidson	n-Aanda	le								

aid be detached for use as the burial-transit permit. Pages 1, 2, 3 should and by the hospital or attending physician.

fled at once.

HYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ours after death

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 yours after death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam

BALTIMORE, MARYLAND 21203-3146	after deuth. Plage 6 may be retained to the control of the burial-transit permit. Pages 1, most. The function of the burial-transit permit. Pages 1, most.	
	filled in on, or med	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after fourth than the interpretation of the state this certificate has been signed by the attending physician and completely filled in by the function profit of the profit of the principle of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

	REGISTRAR		CE	KIIF	ICALE	F DEA	I H	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	DRUTT	A 00	Omm				2. DATE OF DEATH DATE OF DATE	ΙΥ	YEAR	TIME OF DEATH
	ETTA 4. SOCIAL SECURITY NUMBER	REVILI		OTT							0:30 A M
		5. SEX 1 M 2 F	6. AGE (In yrs. last	YRS.	MONTHS DAY		R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	CE (State or Foreign
	214-32-9441 9a. FACILITY NAME (If not institution, give str		83	THO.				03-13-19		Mary.	
cc	The state of the s			,	9b. CITY, TOV		ION OF DE	АТН		NTY OF DEATH	1
[[Physicians Mem	orial H	ospita	<u> </u>	La Pl	ata			Cha	arles	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION				10d	. INSIDE CITY LIMITS?
5	Maryland Char	les		We	lcome	!				1 [YES 2 NO
AL	10e. STREET AND NUMBER					10f. ZIP COL	Œ		10g. CIT	IZEN OF WHAT	COUNTRY?
FUNERAL	Box 15 Gunston	Road					2069	3	Ţ	J. S.	Α.
15	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, atc.									American Indian, alte, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W				YES 2 📉 NO				Specify:	Their
	15, DECEDENT'S EDUC	ATION	16e, DE	CEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	NESS/IN		√hite
ETED	(Specify only highest grade (Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(GI	ve kind of v Do NOT us	work done during se retired.)	most of work	ing				
	7			me N	laker			At	Home	2	
g .	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NAM	NE (First, Middle, Maiden			
門間	Ernest C. Wen	k				G	ertr	ude L. G	arne	er	
8	19e. INFORMANT'S NAME (Type/Print)							oute Number, City or Tow			
-	Eugene L. Scot							,Welcome	, Mo	d. 20)693
1 1	20 METHOD OF DISPOSITION 1 Burlel 2 □ Cremetion 3 □ Remo	oval from State	other of	incu	SITION (Name o					City or Town,	
	4 Donation 5 Other (Specify)	enimen.	Trin	ity	Memor	ial	Gard	ens Wa	<u>ldo</u> 1	rf,Mai	yland
	21. SIGNATURE OF SUNERAL SERVICE LICE	-/			Are	hart	Fun	eral Hom	e,]	Inc.	
Ш	J. Bank	250			La	Plat.	a, M	aryland	206	546	
П	23. PART . Enter the diseases, or o shock, or heart failure. I	omplications tha	t caused the de	ath. Do r	not anter tha	mode of d	ying, such	as cardiac or respi	ratory ar	rrest,	Approximata interval Between
	IMMEDIATE CAUSE (Final	(A		1	\	0	_			Onset and Death
5	disease or condition reaulting in death)		asler	1 Ce	mui	tun	U	nest			
		OUE TO	OR AF A CONSEC	ILLENCE O	4	()4)	0 900			
	Sequentieily list conditions,	1 1	(OR AS A CONSEC	WENCE O	1	لا ع	سنند	& you	sia	3	
AT	if any, leading to immediate cause. Enter UNDERLYING		(On As A Consign	DENCE O	1.1	1-		0 0		i	
CERTIFICATION	CAUSE (Disease or injury thet initieted events	DUE TO	(OR AS A CONSEC	UENCE O	F):		~~~				
E	resulting in death) LAST	6									
	PART ii. Other aignificant conditions	- contribution to	dooth but not -	Itin -	la the made d		-1 1- 1	Part i. 24a, WAS AN			
EDICAL.	PART II. Othal and initicalit conditions	E Contributing to	death but not h	- Ulting	n tha under	ying cause #	given in i	PERFOR		AWA	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE
ă	_ Commercia	M. I	ran	1 -	June			1 YES 2	NO		DEATH?
Σ								_		1 [YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			_		DI AGE OF	DEATH (Ob-	ah satu saat			
S	EXAMINER?	HOSPITAL:] FD(0, 10-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Man	OTHER:	S. PLACE OF					
Ι¥Ι	27. MANNER OF DEATH	1 Inpatient 2 I	INJURY	26b. TIN		INJURY AT	Residence	8 Other (Specify) 26d. DESCRIBE HOW I	NJURY OC	CCURED	
1	1 Netural 6 Pending	(Month, D	lay, Year)		JURY	WORK? YES 2	□ NO				
BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE O	F INJURY — At ho	me, farm,				28f. LOCATION (Street		or Rural Route	Number,
	4 Homicide determined	building,	etc. (Specify)					City or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurr	ed at the time	date end plac	e, end due	to the cause(e) and me	nner ee ste	nted.	
N N	(Check only one) 2 MEDICAL EXAMINE										d manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		A .			_	CENSE NUM			TE SIGNED (Mo	
BE	Jam	113	ruh,	M			0100		•	,	7-90
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	, Print)		02.00		1	0 10	, ,
	Henry L. Bu	irke, M	D., P.	Α.	PO Bo	x 591	, La	Plata, N	1d.	2064	6
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE								
	MAR 2 2 '90	drehi	· Builon	Rand	182						
				111							DHMH-16 Rev 1/89

PHYSICIAN: MEDICAL CERTIFICATION

ВУ

BE COMPLETED

2

r attending physician.	use as the burial-tran		
ENDING PHYSICIAN: The law requires that the death certificate be executed within z4 nours after death. Page 6 may be released the second attending physician.	director, page 5 minutes		Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nother and
uted within 24 nours after death. P.	completely filled in by the funeral	rial, cremation, or removal.	c event, the medical examine
at the death certificate be execu	by the attending physician and	and Mental Hygiene prior to bu	in injury, or other traumati
PHYSICIAN: The law requires th	this certificate has been signed	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	orked or Hem 23 shows an
ENDING	IR: After	er deatl	le ma

the burial-transit permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

LETED

		4						90	1010)5
FOR STATE REGISTRAR	STATE OF N	ARYLAND / DEPAI		F HEALTH AN		ENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			ME OF DEATH	
HENRY THURMA	AN SCOT	T Ir				3/16/90		EAR	2 577	м
	5. SEX	6. AGE (In yrs. last birthday)			IRS.	7. DATE OF BIRTH	8.	BIRTHPLAC	2.57PM E (State or Foreign	
214 32 9438	tx xM 2 □ F	5.7 YRS.	MONTHS DA	YS HOURS M	HN.	(Month, Day, Year)		Country)	noton.	D
9a. FACILITY NAME (If not institution, give stre		<u> </u>	9b. CITY, TO	WN OR LOCATION	OF DEA	00 00	9c. COUNTY		ngrum,	-1
SOUTHERN MD. HO	SP. CI	R.	CLINI	'ON, MD.			PRIN	CE G	EORGES	
10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LO	DCATION				10d.	INSIDE CITY	
Maryland Prince	e Georg	re's Br	and vw:	ino					LIMITS?	_
10e. STREET AND NUMBER	e deury	ge s TDI	anuyw.	101. ZIP CODE			10g. CITIZEN	7	_	
12700 Martins H	Dood			20612	,		II.C.A			
	12 WAS DECEDEN	T EVER IN U.S. ARMED	13. WAS	20613		C ORIGIN? (Specify Yes	OF NO 14		merican Indian.	-
1 Never Married XX Married 3 Widowed 4 Divorcad	FORCES? 1 IF YES, GIVE V	YES 2V NO	If yes	s, specify Cuban, M	texican Specify:	Puerto Ricen, etc.)		Specify:	ta, atc.	
15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT	S USUAL OCCU	PATION a most of working		16b. KIND OF BUS				
Elementary/Secondary (0-12)	College (1-4 or 5	Me Do NOT	use retired.)	y most or worning						
12th		Parts	Engir	leer	+	Autom	otivo			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	'S NAM	E (First, Middle, Maiden				\neg
Henry T. Scott.	Sr.			Vio	1 a	Spradle	37			7
19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (St	reet and Number or i	Rural Ro	Spradle	, State, Zip Co	rde)		
Maxine Scott		1270	O Mart	ine Dd		Brandau		MD	20613	
209. METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Remove	val from Stata	otner piace)				Brandyw 20c. LOC				
4 Donatton 8 Other (Specify)	NOTE	- IGibbons	IIM Ch	urch_C	em	etery Br	andyw	ine,	_MD	-
21. SIGNATURE OF FUNDRAL SERVICE LICE	NSEE	. /	22. NAN	ams Fi	TI P	ral Home	РΔ			
Martell) ad	ams				ad. Aqua:			20608	
23. PART I. Enter the diseases, pr co shock, or heert feilure. Li					-				Approximate Interval Between	
IMMEDIATE CAUSE (Finel disease or condition		1 -		4					Onset end Dea	th
resulting in death)		OR AS A CONSEQUENCE	an	25					42 ms	
	DUE TO	(OR AS A CONSEQUENCE	OF):)			0	
Sequentielly list conditions, b.	a	ande me	wca	edial i	n	Land			/ hr.	
if eny, leading to immediate	DUE TO	(OR AS A CONSEQUENCE	DF):		6					

Sequentie if eny, lead ceuse. Ent CAUSE (Disease or injury that initiated events resulting in deeth) LAST

25. WAS CASE BEFERRED TO MEDICAL

detarmined

EXAMINET?

3 Suicide

29a. CERTIFIER (Check only one)

4 Homicide

PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i.

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMEO? 1 TES 2 NO DF DEATH? 1 | YES 2 | NO

28d. DESCRIBE HOW INJURY OCCURED

3-20-90

OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Rasidanca 8 - Other (Specify) 28a, DATE OF INJURY (Month, Day, Year) 3-/6-23 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 1 Natural М 2 Accident Investigation

QUE TO (OR AS A CONSEQUENCE OF):

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. eath occured at the time, data and pieca, and due to the cause(s) and manner as stated. 296. SUGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

160

26. PLACE OF DEATH (Check only one)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:

JOSE mid ph, So.

31. DATE FILED (Month, Day, Year) '90 MAR 2 2 '90 32. REGISTRAR'S SIGNATURE

Grand Burdson Randelle

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pe	eg.	96
may	r, pa	St
9	ecto	E
200	g	ner
att.	nera	im.
ac de	he fe	e X
afte	Dy th	ca
OUIS	d in	med
1 47	filled	he
F	tely	t, t
×	and and	Ven
utec	0.5	ic e
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The	ite h	E
AN	tifica	=
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within a company of the funeral director, page 5 should be detached to the funeral directors.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
F	this	rke
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END	JR: /	8
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	1 - FOR STATE REGISTRAR	STATE OF MAR					EALTH DEAT			GIENE G. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	O Marro	10			001 -	•		2. DATE OF DE	EATH DAY	,	YEAR	3. TIME	OF DEATH		
	1544		STONER					3-	-61	/	90		6-5 M			
ĺ	4. SOCIAL SECURITY NUMBER 220-03-9512	5. SEX 1 2 M 2 D F	AGE (In yrs. lest b	vrs.	IF UNDER	DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIR 8-18-	190	0	6. BIRTI Count	nd in	State or Fofeign		
OR	Baltimore County Gen. Hospital Randallstown										Baltimore					
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d IN	SIDE CITY				
DIRECTOR	Maryland Car			estr								1 YES 2 ND				
FUNERAL	100. STREET AND NUMBER 32 Carroll St	treet				10f.	ZIP CODE				-	U.S		UNTRY?		
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2- NO	ED		If yes, spe	ecify Cubs		IC ORIGIN? (Spe , Puerto Ricen,		or No—	14. RAC Blac Spec	E — Amerik, White	rican Indian, atc 11te		
	15. DECEDENT'S EDU	CATION	160 DECE	ENEWTO	USUAL O	CCI IBATIC	NA.		T 465 KIND	OF BUILD	NESC/M	MIETIN				
COMPLETED	(Specify only highest grade		(Give	kind of v	work done se retired.)	during mo	st of worldi	otor			Struction					
	17. FATHER'S NAME (First, Middle, Lest) ISaac Newton Stoner 16. MOTHER'S NAME (First, Middle, Maiden Surname) Lana Baile															
TO BE	196. INFORMANT'S NAME (Type/Print) Margaret W. Stoner 196. MAILING ADDRESS Street and Number or Rural Route Number. City or Jown, State, Zip Code) 32 Carroll Street, Westminster, Md. 21157															
	20c_METHOD OF DISPOSITION 1															
	21. SIGNATURE OF FUNERAL SERVICE LIX	Flater			Ti 2	name and on the second	D ADDRE	ss of FAC H	etche n _M dtr	r & 291	So 57	n F	.н.			
	23. PART I. Enter the diseases, or			th. Do i									A	pproximate iterval Between		
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Rup Turked Abdominate Antice Antice Anticeyou Due to (or as a consequence of): with IRREVESIBLE SHOCK															
2		DUE TO (OR	AS A CONSEQU	JENCE O	F):	WI	TH	IRR	EVEZ,	SIBO	C=	SH	cek			
ATIO	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING															
CERTIFICATION	CAUSE (Disease or injury that initiated events rasulting in death) LAST	DUE TO (OR	AS A CONSEQU	JENCE O	F):											
S									I -			1	1			
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Luptor Constituting to death but not resulting in the underlying cause given in Part I. Luptor Constituting to death but not resulting in the underlying cause given in Part I. Luptor Constitution of Completion Decays Principles AMAILABLE PRIOR TO COMPLETION DECAYS DEPORT CONSTITUTION OF CAUSE DEPORT									BLE PRIOR TO ETION OF CAUSE						
PHYSICIAN: MEDICAL	PERRYCIAL AVERIA 1 YES 2 NO															
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF E	DEATH (Che	eck only one)							
SIC	EXAMINER? 1 YES 2 ND	HOSPITAL: 1 Inpetient 2 EF	VOutpatient 3	□ DOA	OTHE 4 Nu		ne 5 🗆 R	esidence	6 Other (Spe	ctfy)						
	27. MANNER DF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJ (Morith, Day, 1		28b. TM	ME OF	WC	URY AT ORK? YES 2 [□ NO	28d. DESCRIB	E HDW IP	O YRULI	CURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.		ie, farm,	street, fac	tory, offic			26f. LOCATION City or Tow		nd Numbe	or or Rural	Route Nui	mber,		
COMPLETED	(Check only	ICIAN: To the best of my											(s) and m	enner as stated.		
BE CO	29b. SIGNATURE AND THE OF CERTIFIE		da A					ENSE NUN	IBER					Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE (OF DEATH (ITEM	27) (Typ)	a. Print)		E	176	502	`		2.	-11-	70		

13.

'90

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randoll

ORLANDO

	1 - STATE REGISTRAR	STATE OF MARYL		CATE OF		MENIAL	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		141				OF DEATH		3. TIME OF DEATH		
	Charles	Amos		Smith		MONTH	127	96	10:00 P	м	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. lest birthday)	IF UNDER 1 YEAR	44 4 6 44					7	
	124-30-2888	157 M 2 C Vne months sints noons					ew York				
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN C	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
l a	3691 7 th Ave.			Selk	У			Anne.	Arundel		
<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	(10c. CITY	TOWN OR LOCAT	ION				10d. INSIDE CITY		
DIRECTOR	Service Services								LIMITS?		
	MD An 10e. STREET AND NUMBER	ne Arundel	TEag	ewater 100	ZIP CODE		Т	10g. CITIZEN (OF WHAT COUNTRY?	\dashv	
8	3691 7th Avenu				21037		- 1				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPAN			US or No- 14. F	RACE — American Indian.	\dashv	
	1 Never Married 2 Married	FORCES? 1 X YES IF YES, GIVE WAR OR DA		If yes, spo	2 NO Specifi	n, Puarto R	ican, atc.)		Specify: Tall + + 0		
B	3 Widowed 4 Divorced	Ko:	r t an						white		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	ork done durina mo	N st of working	16b.	KIND OF BUSI	NESS/INDUSTR	RY		
	Elementary/Secondary [0-12)	College (1-4 or 5+)	ilite. Do NOT use	retired.)							
₽	8th		Salesm	an					rement		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			iumame)			
H	Clover Walter 19a. INFORMANT'S NAME (Type/Print)	Smith			Dortha						
2	ATTENDED TO THE PARTY OF THE PA				nd Number or Rural i						
	Mary Jane Smit		13691 L PLACE OF DISPOS		Edg		er. N	ATION — City of	037	-	
ш	15 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	other place)					•			
	21. SIGNATURE OF EUNERAL SERVICE LIK	DEMOSES //	ichland	22. NAME A	PY D ADDRESS OF FA	CILITY	Uonr	stown	PA PA	\dashv	
	18-111	16 11/1	/		esty Fu		l Hon	ne P.A	١.		
IDA	23. PART I. Enter the diseases, or	amil le		12 R	idgely	Aven	we. A	nnapc	olis, MD	_	
	23. PART I. Enter the diseases, or a shock, or heart fellure.	complications that caused List only one cause on e	i the death. Do no ach iine.	ot enter the mo	de of dying, suc	ch as card	iac or respir	atory arrest,	Approximate interval Between	en l	
il	IMMEDIATE CAUSE (Finel	500-000-00							Onset and Dec	th	
	disease or condition resulting in death)	4	ınshot Wo		Face						
1. 1	DUE TO (OR AS A CONSEQUENCE OF):										
o	Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF):										
1 2 1	If eny, leading to immediate cause. Enter UNDERLYING										
🛠	cause. Enter UNDERLYING	DUE TO JOH AS F									
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	С	CONSEQUENCE OF):						-	
RTIFICAL	CAUSE (Disease or injury	С	A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO JOR AS A	Maria Maria III	-	a causa dhan in	Dart I	24- WAS AN	aumoney	OAL WEDS ALTODOY SINDING		
CAL CERTIFICAT	CAUSE (Disease or injury that initiated events	c. DUE TO JOR AS A	Maria Maria III	-	g cause given in	Part I.	24a, WAS AN A		24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE	38	
CAL	CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO JOR AS A	Maria Maria III	-	g cause given in	Part I.		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	38	
CAL	CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO JOR AS A	Maria Maria III	-	g cause given in	Part I.	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	38	
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COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER 1 CERTIFYING PHYS (Check Carl) 29e. CERTIFIER 1 CERTIFIER 1 CONTROL CARL CARL CARL CARL CARL CARL CARL CAR	DUE TO JOR AS A d. Is contributing to death b HOSPITAL: 1 Inpatient 2 EPI/Outs 28a. DATE OF INJURY 3/17/90 28a. PLACE OF INJURY building, etc. (Spec	patient 3 DOA 28b. TIM INJ 8:21 — At home, farm, so in end/or investigation EATH (ITEM 27) (Type,	26. PI OTHER: 4 Nursing Hon EOF 28c. IN. URY 1 treet, factory, office d at the time, date n, in my opinion, of Print)	LACE OF DEATH (Ch. Ne SIC Residence NRY AT NRY YES 2 NO a and place, and due leath occurred at the 29c. LICENSE NU	heck only one 8 Other 28d. DES Sub. 28f. Loc. City on 3691 a to the cau e time, dete	PERFORI 1 X YES 2 e) r (Specify) CRISE HOW IN D J CCT S ATION (Street a or Rown, State) 7 th A see(a) and man and place, and	MED? NO NO NO NO NO NO NO NO NO N	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO FOR Anne Arundel SNED (Month, Day, Year) 1 8/90	Co.,	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be re-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director director, page 5 and completely filled in by the funeral director director.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be net
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL			MENT OF I				GIENE						
	1. DECEDENT'S NAME (First, Middle, Last)	0.11						2. DATE OF DE		,	VEAD	3. TIME OF DEAT	Ή		
	Stephen	Salti	S			03 16 2			40	6:30	Ам				
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE ((In yrs. lest bi	rthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR				PLACE (State or Fo	reign		
	146 - 16 - 6685	M 2 □ F	65	YRS.	MONTHS DAYS	HOURS	MIN.	Aug. 1	3 1 9	124	Po.nn	nnsylvania			
	9a. FACILITY NAME (If not institution, give street		0.5		9b. CITY, TOWN	R LOCATI	ON OF DE		,,,		DUNTY OF DEATH				
DIRECTOR	Washington Advention	2		Takoma	Park	2			Mon	tgom	ery				
<u> </u>	10a. STATE 10b. COUNTY		1	loc. CITY,	TOWN OR LOCA	ION				10d. INSIDE CITY					
5	Maryland Howard			Law	rel.		1 YES 2 X	NO							
	10e. STREET AND NUMBER					10f. ZIP CODE					10g. CITIZEN OF WHA				
FUNERAL	10091 Washington B	oulevard #	ŧ 8		2	7723				- 1	1.5.	.S.A.			
3		P. WAS DECEDENT EVER IN FORCES? 1 X YES		D	13. WAS DEC	ENDENT C		VIC ORIGIN? (Spe			14. BACE	4. RACE — American Indian.			
	1 Never Married 2 Married	FORCES? 1 X YES	2 NO		Il yes, sp	ecify Cuba 2 X NO	n, Maxica Specif	n, Puarto Rican,	ntc.)			Hack, White, atc. pecify:			
BY	3 Widowed 4 Divorced	1943 - 195.	3			- 0.4		, •				ite			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com	ION polistedi	16a. DECE	DENT'S L	JSUAL OCCUPATI	ON workle	200	16b. KIND	OF BUS	INESS/IND	USTRY				
Ē.		Collega (1-4 or 5+)	life. Do	NOT use	retired.)										
4	Grade 7		Physi	cal	Plant	pera	itor	Unive	ersi	ty 01	& Ma	ryland			
ő	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle,	Maiden S	Surname)					
BE (Stephen Saltis, Sr	•				Ann	ra V	iskovski	1						
	19a. INFORMANT'S NAME (Type/Print) 19			ALLING	ADDRESS (Street	ind Number	or Aural	Route Number, City	or Town	, State, Zip	Code)				
2	Ruth Saltis	10	091	Washing	gton	Bluc	d. #8 Lo	ure	e, Ma	vryle	and 207:	23			
	20e. METHOD QF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town,							wn, Stata							
	1 - Burial 2X Cremetion 3 - Removal from State 4 - Donetion 5 - Other (Specify) Metro Crematory, Inc. Catonsville, N							Maryla	nd						
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			22. NAME A					2.4					
	V4)//-44	6 Somalle	one	-				eral Ho				d 20707			
	23. PART I. Enter the diseases or com	polications that causes	d the deat	h. Do ne								Approxim	eta		
	ahock, or heart fallure. List	t only one cause on a	ach lina.		or other are the	ac o. a,	mg, car			atory arr		Intarval B	etween		
	I IMMEDIATE CAUSE (FIRM														
l	discess or condition reaulting in death) a. Acute Renal Failure Due to (or as a consequence of):							3 wa	1Co						
	- left Ventricular Failure 3 months									n					
CERTIFICATION	Sequentially list conditions.									1.7					
ÄT	if only, localing to initioalists									10 44	ears				
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUE	EOUENCE OF):								1			
F	resulting in daeth) LAST	Centr	ral f	11 ves	ver H	יכמד	Jent	ilation				15 40	ars		
											T	T			
ÄL	PART II. Other significant conditions c	•		_		g cause	given in		PERFOR	AUTOPSY MED?	246.	WERE AUTOPSY F AVAILABLE PRIOR	TO		
ă	Chronic Obim	vetire lung		sea:	55			— اب×	TES 2	□ NO		OF DEATH?	LAUSE		
Z												1 TYES 2	No		
PHYSICIAN: MEDICA															
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			26. P OTHER:	LACE OF D	EATH (C	neck only one)							
YSI		Inpetient 2 - ER/Outs		DOA	4 - Nursing Hor		asidence	6 - Other (Spec							
H	27. MANNER OF DEATH 1 Matural 5 Pending	(Month, Day, Year)	1	28b. TIME INJU	JRY W	JURY AT DRK?		2ed. DESCRIBE	E HOW IN	JURY OCC	URED				
BY	2 Accident Investigation					YES 2	NO								
	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, atc. (Spe-	Y — Al home ecify)	, farm, a	treet, factory, offi	:•		261. LOCATION City or Town		nd Number	or Rural F	Route Number,			
COMPLETED	29a. CERTIFIER (Check only	N: To the best of my know	wiedga, death	occurre	d at the time, dat	and place	, and du	lo the cause(a)	and man	ner aa state	ed.				
S S	one) 2 MEDICAL EXAMINER: (On the basis of examination	on end/or inv	estigation	n, In my opinion,	death occu	red at the	tima, data and p	elace, en	d due to th	e ceuse(e) and manner as:	stated.		
ш	29b. SIGNATURE AND THELE OF CERTIFIER	1				29c. LIC	ENSE NU			29d. DATE	SIGNED	(Month, Day, Year)			
m	Who V	Vunza	U	N)	0	125	82		> 3	116	190			
٤	30. NAME AND ADDRESS OF PERSON WHO C		EATH (ITEM 2	27) (Туре,	Print)				<u> </u>		0	14-			
	Alfred M	Unzer,				arra	11	Prvense	161	como	Yar	rk, MD?	Mair		
	MAR 1 9 90	32. REGISTANT'S SIN	HATURE LUYO SON	Rand	elle										
	MAR 1 7 30														

BALTIMORE, MARYLAND DIVISION OF VITAL RECORDS, P.O. BOX 13146,

I physician.	under the company of the purish permit.		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouts after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be accompanied by the manial-transit pu	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If fem 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
		5	/

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM				GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	Stosano	vich			2. DATE OF DE	DAY 24	YEAR 3.	16 3 pm
2 	0	SEX 6. AGE (In yrs.	yrs. Fi	INDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF May 4,	1906	S. BIRTHPLA Country) Yugos	CE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give street BON SECRUP HOSE RESIDENCE OF DECEDENT	end number) 2000 11491 Balt		city, town o	Mary		9c. COUN	ITY OF OEAT	н
DIRECTOR	10s. STATE M D 10b. COUNTY		10c. CITY TO	WN OR LOCAT	ON P	¢.	MD		d. INSIDE CITY LIMITS? PYES 2 \(\square\) NO
FUNERAL	326 S. Calho	oun St		101.	21P CODE 2/22	3		zen of wha Yugosl	
B	11. MARITAL STATUS 12 1	. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 27 IF YES, GIVE WAR OR DATES	ARMED NO	It yes, spe	endent of HISPAN city Cuban, Maxica 2 NO. Specifi	n, Puerto Rican,		14. RACE — Black, W Specify: W.L.	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade cont Elementary/Secondery (0-12)		Give kind of work ifte. Do NOT use retail	done during mos ired.)	N at of working	D. 181	of Business/ind	USTRY	
СОМР	17. FATHER'S NAME (First, Middle, Last) Anthony Drufor	 ⁄ki	0.3 4 ma v 22		16. MOTHER'S NA Mari	ME (First, Middle,			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	PRESS (Street a			y or Town, State, Zip	Code)	
2	Veda Stojanovich				Calhoun				Md. 21223
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	trom State other	CE OF DISPOSITIO				Ra.1 time		sum aryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS		oudon Pa	22 NAME AN	DADDRESS OF FA	CILITY	eral Hon		learly reality
	+ Keah Il	15000		5695	Main St		Elkridge		21227
	23. PABY 1. Enter the diseases, or comenock, or heert failure. Lief IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications thet ceused the only one ceuse on each I	line.	enter the mo		h as cardiac c	r respiratory arr	eat,	Approximate interval Between Onset and Deeth
CERTIFICATION	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON							
CER	resulting in death) LAST								
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	fibrillation	tiley co	tufu mente	cause given in	. /7	WAS AN AUTOPSY PERFORMED? YES 2 100	CO OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPÍTAL:		26. PL	ACE OF DEATH (C)	eck only one)			
IXSI	1 TYES 2 NO	Inpetient 2 ER/Outpetient		Nursing Hom	e 5 🗆 Residence			O. IDCO	
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	280. DESCRIB	E HOW INJURY OC	ONED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY At home, farm, street, factory, office building, atc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)						te Number,	
COMPLETED	one)	N: To the best of my knowledge On the besis of examination and							nd manner as stated.
띪	296. SIGNATURE AND TITLE OF CERTIFIER	~ Evan	m		29c. LICENSE NU	O YO	29d. DAT	E SIGNED (M	onth, Day, Year)
2	700 Grashing	OMPLETED CAUSE OF DEATH (Patte	MA	9 2/2	230			A.S.
	31. OATE FILEO (MORE) 290 '90	32. REGISTAAR'S SIGNATUR	ie 1011-Randel	2					

ness of styling

N = N =

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30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

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Spits	hed or		el el
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ter de	the fu	oval.	ai ex
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2	y fillec	ation, (the
withir	mpletel	cremi	vent,
ecuted	ind coi	bunal,	atic e
e ex	iclan a	nor to	Iraum
rtificate	g phys	iene p	ther
ath ce	ttendin	al Hyg	, or 0
the de	the a	d Ment	injury
s that	ned by	of the	any
require	en sig	of Hea	shows
e law	has be	Dept.	1 23
AN: Th	ificate	State	r iten
(YSICI)	is cert	ith the	ed, o
NG PI	fter th	eath w	mark
TEND	TOR: A	after d	28 is
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within zerours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by use as the burn	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
PITAL	ERAL	in 72 i	T. H.
E HOS	IE FUN	d with	HTAN
10 H	10 TH	be file	IMPO

								an iniin	
	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN	_		
ļ	1. DECEDENT'S NAME (First, Middle, Last)	Mathew Way				2. DATE OF DEATH MONTH D.		3. TIME OF DEATH	
\	4. SOCIAL SECURITY NUMBER 245 0 7 2146		In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. [BIRTHPLACE (State or Foreign Country) Orth Carolina	
	9a. FACILITY NAME (If not institution, give str	reet and number)			OR LOCATION OF D	EATH	9c. COUNTY		
6	Harford Mem.				de Gro	ice, Md.	1	arford	
DIRECTOR	Maryland Ha	rford		v, town of Local Lington				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2218 Old Quaker L	ane		10	21034		10g. CITIZEN	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	If yea, s		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:		RACE — American Indian, Black, Whita, etc. Specify; White	
	15. DECEDENT'S EDUC (Specify only highest grade of			USUAL OCCUPAT work done during m		16b. KIND OF BU	SINESS/INDUST		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	sing Age		US-	Govern	ment	
S.	17. FATHER'S NAME (First, Middle, Last)		FINICALE	sing -	18. MOTHER'S NA	AME (First, Middle, Malden	Surname)		
BE (Mathew Grady	Spicer			Carrie		Taylo		
2	19a. INFORMANT'S NAME (Type/Print) D. Waynette Stu	urgill				Route Number, City or Tow Fallston, N		12	
	20a. METHOD OF DISPOSITION Mail Comment Comment	val from State	Darlingt	SITION (Name of ci	emetery, cremetory or tery		clingto		
	21. SIGNATURE OF FUNERAL SERVICE LIC		01111	22. NAME / Howa:	no aconess of F	Comas III I		Home, P.A.	
	23. PART I. Enter the disasses, or c	omplications that caused list only one ceuse on e							
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Car	rdio	junic	Show	le		Onset and Daeth	
	resulting in death)	oue to for as a consequence of: Myscardial infartion b. OHE TO FOR AS A CONSEQUENCE OF MALE AND CON							
TION	if any, leading to immadiata								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE C	PF):		·			
빙									
ICAL	PART II. Other significant conditions	s contributing to death b	out not resulting	In the underlyi	ng ceuse given ir	Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS A/AILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	
PHYSICIAN: MEDICAL							1	1 TYES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C	heck only one)			
VSIC	EXAMINER? 1 Tes 2 No	HOSPITAL: 1 ☐ Inputiant 2 ☐ ER/Outp	patient 3 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Raaldenca	8 Other (Specify)			
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY 28c. II	28d. DEŞCRIBE HOW	INJURY OCCUR	EO		
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec		street, factory, off	ca	28f. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	anol and	CIAN: To the best of my know						ause(a) and manner as stated.	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	m - I) - Su	yeen.	29c. LICENSE NU	IMBER	29d. DATE S	IGNEO (Month, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF O	ATH STEM ON CO.	V . Distrib	100) -	L -	10.	

Julia Davidson-Randalle

WHO COMPLETED CAUSE OF GEATH HITEM 27) (Type, Print)

AR 29 90

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the a be filed within 72 hours after death with the State Dept. of Health and Men IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury.

	(
beath certificate be executed with.		
attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2	s 1, 2, 3 shop)
ntal Hygiene prior to burial, cremation, or removal.	*	
ry, or other traumatic event, the medical examiner must be notified at once.		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	L HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTM	MENT OF H	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) MARY VIRGINIA			SELL	ERS	2. DATE OF DEATH DATE OF BIRTH	i yea	1010P M
	221 14 7741	M 2X F 94		95 M	RTHPLACE (State or Foreign ARY LAND			
TOR R	99. FACILITY NAME (If not institution, give street or WESLEYAN HEALTH RESIDENCE OF DECEMENT		ER	9c. COUNTY OF DEATH CAROLINE				
DIRECTOR	100. STATE 10b. COUNTY DELAWARE SUSS	EX		AFORD	ION			10d. INSIDE CITY LIMITS? VES 2 NO
FUNERAL	100. STREET AND NUMBER 214 HARRINGTON	STREET		10f	ZIP CODE 19973		109. CITIZEN C	OF WHAT COUNTRY?
BY FUN	1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp		NC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	E	ACE — American Indian, llack, White, etc. pectly: WHITE
COMPLETED	1s. DECEDENT'S EDUCATION (Specify only highest grade composition of the composition of th	ON pieted) pilege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in HONEMA	k done during mo etired.)		OWN HO		Y
BE CON	17. FATHER'S NAME (First, Middle, Last) EDWARD L. MOWBR	AY				ME (First, Middle, Maiden HEESEMA)		RAY
10	19a. INFORMANT'S NAME (Type/Print) CATHERINE S. HAR					Poute Number, City or Tow DENTON, 1		
	TOe. METHOD OF DISPOSITION 1	1	PLACE OF DISPOSITI	MARKET	CEMETI	ERY EAS		MARKET, MD
	21. BIGNATURE OF PURPOLE LICENS	"Mat	<u></u>		RD. DE	STREET.	HOME	73
CERTIFICATION	23. FART I. Enter the diseases, or companded, or hear failure. List immediate course for condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	the death. Do not chiline. S S CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):		ellitu		iretory srrest,	Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Ch	eck only one)		
	1 UPS 2 NO 1 1 27. MANNER OF DEATH	Inpatient 2 ER/Outpe 26e. DATE OF INJURY (Month, Day, Year)	tilent 3 DOA 4	OF 28c. INJ	URY AT RK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D
TED BY	2 Accident Investigation 3 Suicide S Could not be determined	M 1 VES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street en-City or Town, State)						iral Route Number,
COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: O							ise(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Zer ME)		D3/3		29d. DATE SIG	NED (Month, Day, Year)
	30. NAME (AND ADDRESS OF PERSON WHO CO	1004		stor	MA	2		
5	31. DATE FILED (Month, Day, Year) MAR 2 6 '90	32 REGISTRAR'S SIGNA						

BOX 13146, BALTIMORE, MARYLAND	ificate be executed within ours after death. Page 6 may be retained by the hosp	physician and completely filled in by the funeral director, page 5 should be detache ne prior to burial, cremation, or removal.	her traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within durs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / D CEI)EPAR RTIF	TMENT	OF H	EALTH DEAT	AND N	MENTAL	HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	JAMES	SHEPPA		, S				2. DATE O MONTH MARCH	DA	, 1	990	3. TIME OF DEATH 8:15 P M
	4. SOCIAL SECURITY NUMBER 220-12-0931		AGE (In yrs. lest b		IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE O			8. BIRTHP	FA, VA.
_	3a. FACILITY NAME (If not institution, give str. 708 E. ISABELLA		-			TOWN C	DR LOCATION	ON OF DE	EATH		ec. cou	COMIC	
92	RESIDENCE OF DECEDENT	JINEET											
Ä	10e. STATE 10b. COUNTY		Y, TOWN O		ION				10d. INSIDE CITY LIMITS?				
٥	MD. WICE	OMICO		Jr-	(L130	<u> </u>							1 X YES 2 NO
FUNERAL DIRECTOR	708 E. ISAI	BELLA STR	EET			101	218				10g. CIT	USA W	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1	YES 2 NO	ED		f yes, sp		n, Mexica	n, Puerto Ri	(Specify Yaa can, etc.)	or No—	14. RACE Black, Scott	— American Indian, White, etc.
	15. OECEOENT'S EOUC (Specify only highest grade of		(Give	kind of	Work done			ng .	16b.	KIND OF BUS	INESS/IN	OUSTRY	
COMPLETED	Elementary/Secondary (0-12) 3rd	College (1-4 or 5+)	life. D	ABOF	se retired.)				F	ARM_ F	LAN1		
BE CO	17. FATHER'S NAME (First, Middle, Linst) JAMES S	HEPPARD					16. MOT	HER'S NA	ME (First, M EF	FIE (Surname) COLL	INS	
10	194. INFORMANT'S NAME (Type/Print) MARY E. SHEPPARD		196.		AME A			or Rural F	Route Numbi	er, City or Town	, State, Zi	p Code)	
	20a. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State	20b. PLACE OF	ALV	ARY A	me of cei	netery, crer CEME	TERY		CON	CORD	DEL	rn, Stata ◆
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE					NO AOORE						
	Laretta D.	Jolley					2, E		S	ALISBL			21801
	23. PART I. Enter the diseases, or contained ahock, or heart failure. L			th. Do	not enter	the mo	de of dy	ing, suc	h as cerd	ec or reepl	ratory ar	rest,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Meta	sta h			ta	te	Car	ncer				Onset and Death
NO	Sequentially list conditions,)											
CATIC	if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury		R AS A CONSEOL										
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (C	R AS A CONSEOL	JENCE C	OF):								
CAL C	PART ii. Other significent conditions						g cause	given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
	Congestiva	e Hea	a F	211	<u></u>	<u> </u>			_	1 TES 2			COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED									- 1				1 TES 2 NO
ZA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			, _			LACE OF F	EATH (Ch	eck only one)			
YSIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 (DOA	4 Nu		no 5 ₺ R	nsidence	6 🗆 Other	(Specify)			
	27. MANUER OF DEATH 1 M Natural 5 Pending	26a. DATE OF II (Month, Day		26b. TII	ME OF IJURY M	W	JURY AT ORK? YE\$ 2 {	□ NO	28d. DE\$	CRIBE HOW I	NJURY O	CCURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF building, et	INJURY — At home. (Specify)	e, farm,	street, fac					ATION (Street or Town, State)	and Numbe	er or Rural R	oute Number,
	20a CERTIFIER												
COMPLETED	(Check only one) 2 MEOICAL EXAMINER	CIAN: To the best of mR: On the basis of axa											and manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	(11) -1	7				1	ENSE NUI	-111	2		,	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM M.) 'S SIGNATURE a Davidson	27) (Typ	e, Print)	مرد ف	640	50	rees	5 4N	e M	8 2	NT3
41	31. DATE FILEO (1905). Day, Veni) 90	32. REGISTIAN	s signature a Davidson	- Pan	dall								

		등 등	e e
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	lw b	mple .	ever
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146	within yours after death, Page 6 may be retained by the hospital or attending physician, npietely filled in by the funeral director, page 5 should be detached for use as the burial-trans	
BALTIMORE, MARYLAND 21203-3146	or use as th	
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STATE	0F	MARYLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGI	ENE
		C	ERTIFICATE	0	F DEAT	ГН		REG.	NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF H CERTIFICATE OF		NTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	2.	DATE OF DEATH		3. TIME OF DEATH					
	Schenck Sibyl		3 20	90 YEAR	5:55 aм					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	8. BIRTH Countr	IPLACE (State or Foreign					
	142-26-8993 1 M 2 K F 89 YRS. MONTHS DAYS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN O	HOURS MIN.	5-11-00		roll					
DIRECTOR	Fairhaven Sykesv	ille		Carrol	1					
E	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCAT	ON			10d. INSIDE CITY					
H	Maryland Carroll Sykesville				1 YES 2 X NO					
FUNERAL	10e. STREET AND NUMBER 10f.	ZIP CODE	- 1	og. CITIZEN OF V	WHAT COUNTRY?					
E	7200 Third Avenue	1784		US						
5	EODOSCO 1 VEC 0 ETNO 16 mm and	ENDENT OF HISPANIC O		No- 14. RACI	E — American Indian, k, White, atc.					
ВУ	1 Never Married 2 Marriad IF YES, GIVE WAR OR OATES 1 YES			Speci	White					
	15, DECEDENT'S EDUCATION 18a, DECEDENT'S USUAL OCCUPATION	N	18b. KIND OF BUSIN	FSS/INDI ISTRY	WILLCE					
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most life. Do NOT use retired.)	at of working	low range of boom	LOO/INDOOTH!						
P	Elementary/Secondary (0-12) College (1-4 or 5+) Registered Nurs									
₩ O	17. FATHER'S NAME (First, Middle, Last)		(First, Middle, Maiden Su	mame)						
Ö	John Gardner	Emma Ha	all							
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street a			State, Zip Code)	10000					
5	Fairbayen Box 1000 7200	Third Aver	nue Sykesi	rille. N	Maryland 2178					
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cen			TION — City or To						
	1				100					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AN	D ADDRESS OF FACILITY	тү							
	Harry Yel Haight From Home									
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mo abook, or heart feliure. List only one cause on each line.	de of dying, such es	s cerdiec or respira	tory arrest,	Approximate interval Between					
	IMMEDIATE CAUSE (Fine)				Onset end Death					
	disease or condition a. Creation ascular accuration out to (or as a conscouence of):	Sent		_	1 week					
-					Inenth					
0	Sequentially list conditions, if eny, leading to immediate b. Cardiac dysathymica DUE TO (OR AS A CONSEQUENCE OF):				,					
S	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events C. DUSTO (OR AS A CONSEQUENCE OF):	'n			month					
E	thet initiated events	0								
CERTIFICATION	resulting in death) LAST atherosclerotic Cardi	Drusculer) disease	_	years.					
	PART ii. Other algnificent conditions contributing to deeth but not resulting in the underlying	ceuse given in Par	rt i. 24a. WAS AN AL		. WERE AUTOPSY FINDINGS					
CAL			PERFORM	1705	AMAILABLE PRIOR TO COMPLETION OF CAUSE					
EDI		-	1 TYES 2	NO	OF DEATH?					
2			-		1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL 28, PL	ACE OF DEATH (Check of	only one)							
SIC	EXAMINER? HOSPITAL: OTNER:	e 5 🗆 Residence 8 🗆								
BY PHYSICIAN: MEDIC	27, MANNER OF DEATH 28a, DATE OF INJURY 28b, TIME OF 28c, INJ	URY AT 26	d. DESCRIBE HOW INJ	URY OCCURED						
ΥP	1 Maturat 5 Pending M 1	RK? /ES 2 NO			- 1					
	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)	28	M. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,					
TEI	4 Homicide detarmined		ony or rown, diano,							
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data	and place, and due to t	the cause(a) and menn	er as stated.						
ME	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, d				a) and manner as stated.					
	29b. SIGNATURE AND THE POF PERTIFIER	29c. LICENSE NUMBE	n 1	29d. DATE SIGNE	D (Month, Day, Year)					
BE	Culton MD	D34849		▶ 3/20	120					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			7,00						
	7200 Third Ave Sikesville, MD	21784.								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	MAR 21'90 Julia Davidson-Mandalle				1					

TO BE COMPLETED BY FUNERAL DIRECTOR

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y th	be de		at 0
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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after	y the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	cal
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
	CE	RTIFICATE	OF	F DEAT	ГН		REG.	NO.

1 - STATE REGISTRAR		STATE UP MAI	RYLAND / DEPAR Certif	RTMENT OF FICATE OF		MENTAL HYGIE! REG. NO		
1. DECEDENT'S NAME (First,	, Middle, Las	st)			0	2. DATE OF DEATH	DAY_ , X	3. TIME OF DEATH
Edith		Byrd		Smit	h	MARCH 1	8 19	90 1440 M
4. SOCIAL SECURITY NUME 2/3 - 74-		1	AGE (In yrs. lest birthday) 89 vrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country) Maryland Vattsville,
9a. FACILITY NAME (If not in				9b. CITY, TOWN	OR LOCATION OF DI	11/19/19 EATH	9c, COUNTY	
PENINSULA		AL HOSPITAL			ISBURY, N			ICOMICO
10a. STATE	10b. COU		10c. CIT	TY, TOWN OR LOCA	TION			10d, INSIDE CITY
Maryland	Wor	cester	Poo	comoke				LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER					of. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
Rt.#1 Box	244				21851		USA	1
11. MARITAL STATUS 1 Never Married 2 📉		12. WAS DECEDENT EV FORCES? 1				NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No- 14	. RACE — American Indian, Black, White, atc.
3 Widowed 4 Divo		IF YES, GIVE WAR			S 2 🔀 NO Specif			Specify: white
15. DEC	EDENT'S E	DUCATION	16a, DECEDENT'S	S USUAL OCCUPAT	ON	16b. KIND OF BL	ISINESS/INDI IS	
(Specify onl	ly highest gri	completed) College (1-4 or 5+)		work done during m		100. KIND OF DO	301112307111200	
12	J-12)		Housev	wife				
17. FATHER'S NAME (First, M	fiddle, Last)		1 HOUDE	W110	18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)	
Charles T	. By	rd			Mary F	. Lamber	rtson	
19a. INFORMANT'S NAME (7	Type/Print)		19b. MAILING	G ADDRESS (Street		Route Number, City or To		ode)
Clarke D.		th	Rt.#]	l Box 2	44, Poc	omoke, M	id. 21	851
208. METHOD OF OISPOSIT	TON	amoval from State	20b. PLACE OF DISPO					y or Town, State
4 Donation 5 D Other	(Specify)		First Ba				omoke	. Maryland
21. SIGNATURE OF FUNERA	L SERVICE	LICENSEE			ND ADDRESS OF FA	elson Fun	oral	Homo
Scott	5	Melson				Pocomoke		
23. PART I. Enter the d	iseases, (or complications that core. List only one ceuse	used the death. Do					
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I IMMEDIATE CAUSE (Fir	nei		on each inte.					Interval Between Onset and Death
disease or condition	nei			Hen				Interval Between
	nei	. Con	SESTIVE AS A CONSEQUENCE O	HEA!				Interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the transfer death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	E OF MARYLAND /	DEPARTM	ENT OF H	EALTH AND N		YGIENE EG. NO.		and the second	
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM THOMAS	STEVENS,	JR.			2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH 12:45 A M	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 NRS.	7. DATE OF B		0	HPLACE (State or Foreign	
		2 □ F 68		ITHS DAYS	HOURS MIN.	(Month, Day		Coun	try)	
	9a. FACILITY NAME (If not institution, give street and n		9b.	CITY, TOWN O	R LOCATION OF DE			OUNTY OF	yland	
2	Route 1, Box 248			Dento				roli		
E	RESIDENCE OF DECEDENT						Ca	TOTI	.IIE	
DIRECTOR	10a. STATE 10b. COUNTY			WN OR LOCAT	ION				10d. INSIDE CITY LIMITS?	
ā	Maryland Caroli	ne	Dent						1 TYES 2 X NO	
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g.		WHAT COUNTRY?	
N	Route 1, Box 248	DECEDENT EVER IN U.S. ARI	HED	42 1110 250	21629				.A.	
	1 Never Married 2 Married FOR	CES? 1 YES 2 X N	IO IO	If yes, spe	ENDENT OF HISPAN city Cuban, Mexican	n, Puarto Rican	, etc.)		CE — American Indian, ck, White, etc.	
ВУ	3 Wildowed 4 X Divorced	S, GIVE WAR OR DATES		1 HES	2 NO Specify	:		Spe	nite	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed	16a, DEG	CEDENT'S USU	AL OCCUPATIO	N et of working	18b. KINI	D OF BUSINESS			
	Elamentary/Secondary (0-12) College	(1-4 or 5+) life.		done during mos ired.)	n or working					
MP	6	ca	ıretak	er						
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI			(a)		
H	William T.Stevens 19a. INFORMANT'S NAME (Type/Print)				Agnes					
2	Stella B. Cannon				A Q D C					
					48, Des	nton,	20c. LOCATION	1629		
	20a METHOD OF DISPOSITION 3/8/9 1 XBurial 2 Cremation 3 Removal from 4 Oonation 5 Other (Specify)	State other pla	ice)		meterv					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	DPI1	.119 111	22. NAME AN	D ADDRESS OF FAC	CILITY	Easto	11, 14	D	
	>		`		am Fune					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate									
	shock, or haart failure. List only	ona cause on each line.		antar tha mo	sa or dying, suc	ir sa cardiac	Or reapmatory	arreat,	intarvai Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sepsis									
ł	resulting in death) a	DUE TO (OR AS A CONSEC							== / 1000	
z										
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):							
S	cause. Enter UNDERLYING CAUSE (Disease or injury									
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):							
CERTIFICATION	d								<u> </u>	
AL	PART ii. Other significant conditions contril	outing to death but not re	esuiting in th	na undarlying	cause given in	Part i. 24a	. WAS AN AUTOP PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DIC	Cerebro Va Saul	ar infanct	- (11319	0)	10	YES 2	,	COMPLETION OF CAUSE OF DEATH?	
ME					,	_			1 - YES 2 NO	
PHYSICIAN: MEDIC										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ITAL:	01	26. PL THER:	ACE OF DEATH (Ch	eck only one)				
IYS		atlent 2 ER/Outpatient 3		Nursing Hom		6 Other (Sp				
4	1 Natural 5 Pending	Month, Day, Year)	INJURY	M 1 1	RK?	26d. DESCRIE	BE HOW INJURY	OCCURED		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	. PLACE OF INJURY — At ho	me, farm, stree		-	28f. LOCATIO	N (Street and Nur	mber or Rure	l Route Number.	
윤	4 Homicide detarmined	building, etc. (Specify)		,,		City or To	wn State)			
9	29a. CERTIFIER 1 CERTIFYING BUYESCIAN, TO	the heat of my knowledge, do	ath consumed at	Aha Alma data		A= 4b= =======				
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the	basis of axamination and/or i							(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	ever som establishmen								
B	11/1 =	Agreed	m		DZ E		29d.	19	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPL		M 27) (Type, Prir	rt)	0351			21/	170	
	Manien	Agree n	ND	D	enton,	MD	2163	29		
	31. DATE FILED (Mogth, Dev. Young 90 32.	REGISTRAR'S SIGNATURE	Acres Contraction							

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0	or us		
IN THE MUSTIAL OF ALLENDING PRIZINGAN: THE LAW REQUIRES THAT THE DEADLING THE DEADLING WITHIN THE MUSTIAL OF ALLENDING TO THE MUSTIAL OF ALLENDING THE MUSTIAL OF ALLENDING THE MUSTIAL OF ALLENDING THE MUSTIAL OF ALLENDING	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr		once.
5	be		at
retairled	5 should		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y ne	age		pe
D LI	tor,		ust
añe	direc		Br m
dedui. r	funeral	_	examin
Jalie	y the	TOVA	cal
eurs.	ui p	or re	med
	/ fille	tion,	the
WILLIAM D	ompletely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
execuie	and co	to buria	matic
an an	Sicial	prior	trau
DILCA	of phy	iene	ther
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Al UR	by th	and h	y in
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inba	en si	of H	work
MP	as b	Dept.	23
I Ine	safe !	state	item
CIAN	Sertifi	the S	10
LHI	this (with	rked
JING	After	death	ma
Z	TOR:	after	28 15
M A	MREC	Surg S	, me
ML	AL D	72 hc	11
3	UNER	ithin	ANT
71	HE FI	w pa	ORT
2	101	be fil	IMP

1 - STATE REGISTRAR	STATE OF MARYLAND /		MENT OF H			GIENE G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH		3. TIME OF OEATH
	Virginia		Sm	ith	монтн 3	1 2	90	5:55
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in yrs. ia:	st birthday)IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI		8. BIRTHP	LACE (State or Foreig
219.07.5510	1 🗆 M 2 💢 F	YRS.	NTHS DAYS	HOURS MIN.	6/10	1000	Country)	md
9a. FACILITY NAME (If not institution, give	street and number)	98	o. CITY, TOWN C	R LOCATION OF DE	EATH	9c. COU	NTY OF DE	ATH
Memorial Hospit	al		Easto	n		T	albot	
10e. STATE PA. 10b. COUNT	Y	10c. CITY, T	OWN OR LOCAT				1	IOd. INSIDE CITY
10e. STREET AND NUMBER	Real Mary	-6	10.500	,,,,	HILADELPI			YES 2 NO
PARX	349 1950 N. CF	ROSKEY S	5.00	ZIP CODE	1 912		// C	A COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF	RMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Spi	city Yee or No	14. RACE -	- American Indien,
1 Never Merried 2 Merried	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		city Cuben, Mexico	n, Puerto Ricen,		Bleck,	White, etc.
3 Widowed 4 Divorced	TEG, GIVE WIN ON ONLES		1 1 123	Z)C Specif	у.		Specify	BIK
15. DECEDENT'S EDU		ECEDENT'S US	UAL OCCUPATION	IN at of working	16b. KIND	OF BUSINESS/IND	USTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	a. Do NOT use re	etired.					
		Dom	15410					
17. FATHER'S NAME (First, Middle, Last)	2			18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)		
(000F98	Corrall				-			
190. INFORMANT'S NAME (Type/Print)	19	Pb. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number, Cit	y or Town, State, Zip	Code)	
Cotherine	SCOTT	P-0	Box	349				
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	20b. PLACE	OF DISPOSITION	ON (Name of car	gtery, crematory or		20c. LOCATION -	City or Tow	n, State
4 Donation 5 Other (Specify)	Towar from State	Ches	tert	ield		Centr	2011	le m
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	00	22. NAME A	D ADDRESS OF FA	CILITY			
De le sisse	the later	dl)	210		0	1. 9	ya	and
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. OUE TO (OR AS A CONSE D. OUE TO (OR AS A CONSE C. DUE TO (OR AS A CONSE	EQUENCE OF):	art for	d sus				Onset and D
resulting in death) LAST	d							
PART II. Other significent condition	ne contribution to death but not	regulting in 4	he underlais	couse obser !-	Dart I Ar	WAS AN AUTOPSY	0.00	WERE AUTOPSY FINDS
legilceration	1	014.11		, could given in		PERFORMED? YES 2 10		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TO MEDICAL	I		28 DI	ACE OF DEATH (Ch	neck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient		THER:	I I I C.		a Mari		
27. MANNER OF DEATH	28e, DATE OF INJURY	28b. TIME O	F 28c, INJ			elfy) E HOW INJURY OC	CURED	
1- Pending	(Month, Day, Year)	INJUR	Y WO	RK7 ES 2 NO				
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — At he	ome, farm, atre			28f. LOCATION	(Street and Number	or Rural Ro	oute Number,
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)		-		City or Tow	n, State)		
290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the heat of an in-	leath constitution	a the the	and alcon	An dhe see a see			
one)	BICIAN: To the beel of my knowledge, d ER: On the besis of examination and/or							and manner on et-1:
		veerigation, I	ту ориноп, с					
296. SIGNATURE AND THE OF CERTIFIE	JR			29c. LICENSE NUI	MBER	29d. DAT	E SIGNED	Month, Day, Year)
Non 1 AQ	Misser			1129	7036		3/13	176
30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Pri	Q ve	nichais	Mi	VIN	P	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SJONATURE	~ 7 V	- 0 0	10/10/	1 10	010	V	
MAD 1 5 '90	Gerlia Davidoor	-Mandel	2					

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical TO BE COMPLETED BY PHYSICIAN: MEDICAL CEPTIFICATION

30. NAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD ;

32. REGISTRAR'S SIGNATURE

Goralski,

Α.

APR 02 1990

Robert

31. DATE FILED (Month, Day, Year)

	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				OATI	- 01	DEATH	2. DATE	OF DEATH			3. TIME OF DEATH
	Clyde	Calvin S	Sanner	, Sr						, 1		12:30 P. M
J	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	111	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (6. BIRTHE	PLACE (State or Foreign
V	218-10-6217	1 XM 2 - F	82	YRS.	archi i i	J. J	HOUNS MIN.	6-2	5 - 0 7		PA PA	
)	Sa. FACILITY NAME (If not institution, give :						PR LOCATION OF D				INTY OF DE	
7	Star Route, Bo	X 39			Fr	rien	dsvill	e 		Gai	rret	t
2	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TON					10d. INSIDE CITY LIMITS?
5	Maryland Gar	rett		Fr	iend	isvi	11e					1 YES 2 NO
7	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
	Star Route, Bo	ж 39					21	531		Ţ	JSA	
ם ום	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO		If yes, sp	endent of HISPA ecify Cubert, Mexic 2 X NO Speci	an, Puerto R		or No—	14. RACE Black, Specify	-American Indian, White, atc. White
ב	15. DECEDENT'S EDU		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON	16b.	KIND OF BUSI	NESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	166	a. Do NOT u	work done se retired.)	during mo	st of working					
-	8th		Me	chan	ic				Auto	О .		
5	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S NA	AME (First, M	iddie, Maiden S	Sumame)		
1	Francis Sann	er						a End				
	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural					21531
	Rivelyn Sann	er		400			39, Fr	ienas				
	1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from Stata	other p	ison							On,	
	21. SIGNATURE OF FUNERAL SHIPVIOR LI	CENSEE	Huu	15011		NAME A	D ADDRESS OF F	ACILITY				
	A Lynn	Dew.	new			New	man Fu ntsvil	nera: le, l	MD 2:	153	6	•
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	e on each lin	e. Any	4 i	a				atory s	rest,	Approximate Interval Between Onset and Death
2	Sequentially list conditions,	b. A	OR AS A CONSE	devo	f): Hec	- 4	eart	1)(s	or SR			
	If sny, lesding to immediate csuse. Enter UNDERLYING	00E 10	OH AS A CONSE	OUENCE O	F):							
2	CAUSE (Diseese or Injury that initiated events	cDUE TO	OR AS A CONSE	QUENCE O	F):							1
	resulting in death) LAST	d.										
5	PART II. Other significant condition	no contribution to	da akh huk mak					5 I				
ירוווייי	PAR II. Other significant condition	is contributing to	deeth but not	reeutting	in the u	ndenyin	g cause given in	Part I.	PERFORI	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF DEATH (C	heck only on))			
5	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu	R: rsing Hoir	s XResidence	6 🗆 Other	(Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26a. DATE OF (Month, De	INJURY ny, Yoar)	28b. TIN		28c. INJ WC			CRIBE HOW IN	JURY O	CCUREO	
2	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At hole. (Specify)	ome, farm,	atreet, fac	tory, offic	•	261. LOCA City o	ATION (Street au or Town, State)	nd Numbe	er or Rural R	oute Number,
COUNT PE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											and manner as stated.

Garrett Medical Group; Oakland, MD

STREET OF STREET

1 - STATE REGISTRAR		STATE OF MARYL				EALTH AND DEATH	MENTAL	REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)		OLITI	IOAI		DEATH	2. DATE O	F DEATH			3. TIME OF DEATH
COTE	V	AMES	SPE	MICER	,		O3.	/2 . DAY		YEAR 70	0647 AM
4. SOCIAL SECURITY NUMBER			In yrs. last birthde		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTHP	LACE (State or Foreign
		M 2 - F 8	Kour YRS	MONTHS	DAYS	HOURS MIN.		Day, Year)	0.	MARY	LAND
9a. FACILITY NAME (If not in	stitution, give stree		()		1	R LOCATION OF E		1		NTY OF DE	ATH
UNIVERSIT	Y OF M	ARYLAND H	OSPITA	T F	RALTI	MORE			RAT	TIMO	RE CITY
RESIDENCE OF DEC	EDENT								DILL		
10e. STATE	10b, COUNTY		10c.		OR LOCAT					1	IOd. INSIDE CITY
MD.	ANNE	ARUNDEL		ANNA	POL						YES 2 NO
10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CITI	ZEN OF WH	IAT COUNTRY?
		SQUARE, A				2140				SA	
11. MARITAL STATUS 1 Never Merried 2		2. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	15	If yes, spe	ENOENT OF HISP/ cify Cuben, Mexic	an, Puerto Ric		or No—		- Amarican Indien, White, atc.
3 Widowed 4 Dive		IF YES, GIVE WAR OR D	ATES		1 TYES	2000 Spec	ity:			Specify WHI	
15. DEC	EDENT'S EDUCAT	TION	16a. DECEDEN	T'S USUAL	OCCUPATIO	N	18b, K	UND OF BUS	INESS/IND		1 15
(Specify online Elementary/Secondary (y highest grade co.	mpleted) College (1-4 or 5+)	(Give kind	of work don T use retired	e durina mos	it of working					
Elemental y/Secondary (J-12)	oonege (1-4 or 3 +)	•								_
17. FATHER'S NAME (First, A	fiddle, Last)					18. MOTHER'S N	AME (First, Mic	ddle, Maiden S	Sumame)		
JAMES .	JACKSO	N				SHAN	NON S	SPENC	ER		
19a. INFORMANT'S NAME (19b. MAIL	ING ADDRE	SS (Street a	nd Number or Rura				Code)	1 = 0
SHANNON	SPENCE	R	412	WAS	HING	TON SO	ANI	NAPOT	TS.	MD.	21403
METHOD OF DISPOSIT	ION	200	PLACE OF DIS	POSITION (Name of cen	TON SO		20c. LOC	ATION -	City or Tow	n, State
Donetion 5 Cremetic		W:	other pleca)	TTE	NATI	ONAL		PORT	T.AN	D . O	REGON
21. SIGNATURE OF FUNERA	L SERVICE/LICEN					D ADDRESS OF F	ACILITY			-,	
H mison	0/ Q	Try ta		Т	AYLO	R FUNE	CRAL (CHAPE	L.A	NNAP	OLIS, MD.
23. PART I. Enter the d	liaeases, or co	mplications that cause	the death. D								Approximate
shock, or t	eart failure. Lis	at only one cause on e		o not and	er the mo	ac or aying, ac	on as cardi	ac or reapi	atory and		interval Between Onset and Death
iMMEDIATE CAUSE (Fi disease or condition	nai	()		2	i	. 1					
resulting in death)	→ a.	DUE TO COR AS	CONSEQUENC	YEN	atur	rity					BLR
		Extrem Due to (OR AS A DUE TO (OR AS A	OONSLOULNO	N. 01		0 ,					184
Sequentially list condi-	tiona, b.	DUE TO (OR AS	CONSEQUENC	DISM E OF):	CAS	synan	STUC !				Units,
if any, leading to imme cause. Enter UNDERLY	ruiata										
CAUSE (Disease or Injuthat initiated events	ury C.	DUE TO (OR AS	CONSEQUENC	E OF):							
reaulting in death) LAS	ST d.										
PART ii. Other signific	ant conditions	contributing to death t	out not reaulti	ng in the	underlying	g cause given i		24a. WAS AN PERFOR	MEO?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
							— i	1 YES 2	NO		OF OEATH?
							—				1 TYES 2 NO
I											
25. WAS CASE REFERRED 'EXAMINER?		HOSPITAL:		отн		ACE OF DEATH (Check only one)			
1 TYES 2 NO	1	Inpetient 2 ER/Out				e 5 🗌 Residence		(Specify)		OLIDED.	
27. MANNER OF DEATH	Pending	28e. DATE OF INJURY (Month, Day, Year)	280.	TIME OF INJURY		RK?	286. DEŞC	HIBE HOW II	AJURY OC	COHED	
2 Accident	Investigation	200 DI ACE OF IN HIE	At home for			rES 2 NO	200 1 000	TION /Stmat a	and Mumba	s os Ouro/ Or	nute Mumber
3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	cify)	m, atreet, n	actory, onic	•	City of	TION (Street a Town, State)	ina Numbe	FOR MUREL M	oute Number,
one) —		AN: To the best of my know									
2 MEI	DICAL EXAMINER:	On the besie of examinetic	n end/or investig	getion, in m	y opinion, d	eath occured at ti	ne time, date e	ind place, en	d due to ti	he ceuse(e)	end manner ee stated.
296. SIGNATURE AND TITL	E OF CERTIFIER	A				29c. LICENSE N		i i			(Month, Day, Year)
Suni		ota, mo				D 33	185		▶ 3	3.13	.40.
30. NAME AND ADDRESS (
		us. DIV. OI	e NEOI	UATOL	UGY,	LWIV.	OF M	D. HOS	SPITH	t, /	BALTIMORE
31 MAR PILED (Month, Day	(Year)	32. REGISTRAR'S SIGN	NATURE								
II	90 Freha	JEHAN 13 .									

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF	MARYLAND /	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	OF	DEAT	ГН		REG. NO.

REGISTRAR		CERTIFIC	ATE O	F DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	OF DEATH	V.F	3. TIME OF DEATH
ERNEST	R.	SEWELL				6/90	12	6.05AM
. social security number 404–22–4429			HTHS DAY		7. DATE O (Month,	10-192	2.5	SIRTHPLACE (State or Foreign Country), Lentucky
e. FACILITY NAME (If not institution, give s		91	. CITY, TOW	N OR LOCATION OF DE	EATH		9c. COUNTY	OF DEATH
PRINCE GEORGES H	OSPITAL CENT	ER (HEVER	RI_Y			PRINCE	GFORGE
Maryland Pri	ince Georges	10c. CITY, 1	OWN OR LO	CATION Hyatts	sville	Э		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
oo. street and number 6918 Shept	red Street			101. ZIP CODE 20'	784			OF WHAT COUNTRY?
1. MARITAL STATUS Never Merried 2 Merried Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes,	DECENDENT OF HISPAI specify Cuban, Mexico (ES 2) NO Specif	n, Puerto Ri			RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	completed)	16e. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPI done during	ATION most of working	16b. I	KIND OF BUSI	NESS/INDUST	RY
8	College (1-4 or 5+)	Farmer:	Retir		\perp		icultu	ıre
7. FATHER'S NAME (First, Middle, Lest) Jose	ph Sewell			16. MOTHER'S NA		iddle, Meiden S a Sayr		
De. INFORMANT'S NAME (Type/Print)				et end Number or Rural	Route Numbe	er, City or Town,	State, Zip Cod	le)
irs. Peggy Gordon	1	131 Su	nderla	and Drive	Sı	underl	and, Ma	ryland 20689
e. METHOD OF DISPOSITION Burlei 2 Cremetion 3 Rem	oval from State	b. PLACE OF DISPOSITI				20c. LOC	ATION — City	or Town, State
□ Donation 5 □ Other (Specify)		Lawrence		Cemetery		Law	rencel	urg Kentucky
SIGNATURE OF FUNERAL SERVICE LIC		_	22. NAME	AND ADDRESS OF FA	CILITY Ma	arzull	o Fune	ral Service
richael P.	marguella		398	1 Carrolli	on Ro	nad III	nnanaa	Maryland 21
Sequentially list conditions,	a. Acute of Due to (OR AS Due to (OR AS Due to (OR AS Due to (OR AS d.	A CONSEQUENCE OF):			noz	Osea	esi	
ART II. Other elgnificent condition	ne contributing to death	but not resulting in t	the underly	ylng ceuse given in		24a. WAS AN A PERFORM 1 YES 2	IED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL		-	26	, PLACE OF DEATH (CA	eck only one)		
EXAMINER?	HOSPITAL:		THER:	iome 5 Residence				
7. MANNER OF DEATH	26e, DATE OF INJURY	26b. TIME O	F 28c.	INJURY AT	_	CRIBE HOW IN	JURY OCCUR	ED
Natural 5 Pending Investigation	(Month, Day, Year)	INJUR	M 1	WORK? YES 2 NO				
3 Suicide 8 Could not be determined	building, etc. (Spe	Y — At home, farm, stre	ч і, івстогу, с	HINCO	City o	TION (Street ar r Town, State)	ia Number or F	itural Route Number,
	ICIAN: To the best of my know							use(s) and manner as stated.
96. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU		1		GNED (Month, Day, Year)
Xones 9	Ember			D 12 0				16 - 90
LOUS SE		EATH (ITEM 27) (Type, Pri	int)					
	nbery							
DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE Pandal	2					

3. TIME OF DEATH

TEATC.

10d. INSIDE CITY

RACE — American Indian, Black, White, atc.

310

maryland are TE.

Approximata

Interval Between

Onset and Death

1 YES 2 NO

8. BIRTHPLACE (\$

10g. CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATH Prince

20c. LOCATION — City or Town, State

Middle

24a. WAS AN AUTOPSY

1 U YES 2 NO

REG. NO.

DAY

BALTIMORE, MARYLAND 21203	irs after death. Page 6 may be retained by the hospital or atten	in by the funeral director, page 5 should be detached for use as removal.	redical examiner must be notified at once.
4		filled on, or	he m
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a strending physician; or after 6 may be retained by the hospital or atten	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
OF	PHYSIC	this ce	arked,
DIVISION	OR ATTENDING	DIRECTOR: After hours after death	item 28 is ma

the burial-transit ding physician.

E FUNERAL DIRECTOR: Aff within 72 hours after de: RTANT: If item 28 is r

TO THE P

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2

25. WAS CASE REFERRED TO MEDICAL

EXAMINER? 1 TES 2 NO

27. MANN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH 6/ces Ames 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. -68-3 45 HOURS 1 🗌 M 2 💢 F 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE OF DECEDEN 10b. COUNTY 10c. CITY, TOWN OR LOCATION Forestu FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puarto Rican, etc.) 11. MARITAL STATUS 2 Merried 1 Never Merried IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: B 3 Widowed 4 🔀 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 11 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ictor BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 -basa 20e. METHOD OF DISPOSITION
1 € Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Family Cemeter 2 to ke 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Phillip Bell Wash DC-20002 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

			26. PLACE OF OEATH (Ch	eck only one)	
SPITAL: Inpatient 2 DEN/Outpatient 3	□ 00A	OTHE 4 Nu	R: rsing Home 5 - Reeldence	8 Other (Specify)	
28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED	

1 Natural 2 Accident	ATH 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY A WORK?	2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 4 Homicide	8 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, fac	tory, office		261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)
29e. CERTIFIER	CERTIEVING PHYSICIAN	. To the heat of my translating day	oth account of the	alma dista and a	less and du	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

l	one) 2 MEDICAL EXAMINER: On the basic of examination	n end/or investigation, in my op	pinion, death occured at the time, date and plac	e, and due to the cause(e) and manner as
l	296. SIGNATURE AND TITLE OF CERTIFIED	444	290 LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Yes

	Megno	~ X	edry use F	MO		170	1150	13	-3-90	>
30. NAM	LGUS DF	ON WHO CO	MPLETED CAUSE OF DEATH (ITE	M 27) (Typ	on, Print)	Park	un Ch. Cl	osi My	2074	8
31. DATE	FILED (Month, Day, Year)		32. REGISTRAR'S SIGNATURE	1	,	-	1	V	-	
MAR	15 '90	Carles	March . B. 1.00							

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DHMH-18 Rev 1/89

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	TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-cours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ret	IMPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medi
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	REGISTRAR		CERTIF	FICATE OF	DEATH	REG. NO.				
1.	DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	V VEAD	3. TIME OF OFATI		
	Cornelia Mary S	mith			-	MIZICA	13 90	10		
	. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign		
	577-36-5415	1 🗌 M 2 🔀 F	61 YRS.	MONTHS DAYS	HOURS MIN.	10703/28	Har	fisburg, Pa.		
11 -	90. FACILITY NAME (If not institution, giverstreet and number) 14124 Grand Pre Road, #13 Silver Spring Montgom									
5	RESIDENCE OF DECEDENT	7 4				_	A			
DIRE	Maryland Mont	gomery		ilver Sp				10d. WSDE CITY LYMITS? X 1 YES 2 1 NO		
ERAL	oo.street and number 14124 Grand Pre R	oad, #13		1	20906		U.S.A.	WHAT COUNTRY?		
BY F	1. MARITAL STATUS Never Merried 2 Merried Nicola Merried 2 Merried Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	II yes, s		NIC ORIGIN? (Specify Yes en, Puerlo Rican, etc.) lly:	Ble	CE — American Indian, ck, While, stc.		
	15. DECEDENT'S EOUC	CATION	16a. DECEDENT	S USUAL OCCUPAT	ION	16b, KIND OF BU	SINESS/INOUSTRY			
	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	Ille. Do NOT		lost or working					
립	12th Grade	None	Housew	ife		Own I	lome			
~ 11	7. FATHER'S NAME (First, Middle, Last) Thomas Smith	·				AME (First, Middle, Maiden a Sullivan	Surname)			
W										
- 11 13	9a. INFORMANT'S NAME (Type/Print) Patricia Fossett	(Daughter)				Route Number, City or Tow ane, Matthe		. 28105		
	20s. METHOO OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cometary, crematory or 20s. LOCATION — City or Town, State 1. Office of Disposition (Name of cometary, crematory or 20s. LOCATION — City or Town, State 1. Office of Disposition (Name of cometary, crematory or 20s. LOCATION — City or Town, State 1. Office of Disposition (Name of cometary, crematory or 20s. LOCATION — City or Town, State 1. Office of Disposition (Name of cometary, crematory or 20s. LOCATION — City or Town, State 1. Office of Disposition (Name of cometary, crematory or 20s. LOCATION — City or Town, State 1. Office of Disposition (Name of cometary, crematory or 20s. LOCATION — City or Town, State 1. Office of Disposition (Name of cometary, crematory or 20s. LOCATION — City or Town, State 1. Office of Disposition (Name of cometary, crematory or 20s. LOCATION — City or Town, State 1. Office of Disposition (Name of cometary, crematory or 20s. LOCATION — City or Town, State 1. Office of Disposition (Name of cometary, crematory) 1. Office of Disposition (Name of cometary, crematory)									
- 1	Donellon									
	21. SIGNATURE OF FUNERAL SERVICE UCEASE 22. NAME AND ADDRESS OF FACILITY Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 20781									
	Immediate devents a. Due to (or as a consequence of):									
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (OR AS	A CONSEQUENCE	OF):						
	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	bDUE TO (OR AS	A CONSEQUENCE	OF):						
DICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS DUE TO (OR AS d.	A CONSEQUENCE	OF):	ng cause given i	n Part I. 24a. WAS AP PERFO	RMED?	Ab. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS d.	A CONSEQUENCE	OF): OF): g in the underlyi		PERFO	RMED?	COMPLETION OF CAUSE OF DEATH?		
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS d.	A CONSEQUENCE	OF): g in the underlying the second	ng cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 A YES 2 NO	DUE TO (OR AS DUE TO (OR AS d. s contributing to daeth	A CONSEQUENCE A CONSEQUENCE but not resulting	OF): OF): g in the underlyi 26. OTHER: 4 Nursing He	PLACE OF OEATH (Come 5) Reeldence	PERFO 1 YES: Check only one) 8 Other (Specify)	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 225. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS DUE TO (OR AS d. s contributing to daeth	A CONSEQUENCE A CONSEQUENCE but not resulting	OF): OF): g in the underlyi 26. OTHER: 4 Nursing H:	PLACE OF OBATH (C	Check only one) 8 Other (Specify) 28d, DESCRIBE HOW	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 22. WAS CASE REFERRED TO MEDICAL EXAMINER? 1.2 YES 2 \(\text{ NO} \) NO 27. MANNER OF DEATH	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. BE Contributing to death HOSPITAL: 1 Inpatient 2 ER/Out 25e. DATE OF INJURY (Month, Day, Year) 3 LACE OF INJURY 28e. PLACE OF INJURY 28e. PL	A CONSEQUENCE A CONSEQUENCE but not resulting tpetient 3 □ DOA 28b. T Y — Al home, farm	OF): OF): g in the underlyi 26. OTHER: 4 Nursing Hi IME OF 28c. I	PLACE OF OEATH (Come 5 M Reeldence NJURY AT YORK? 1 YES 2 M NO	Check only one) 8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 1 Netural 5 Could not be determined 29e. CERTIFIER (Check only	DUE TO (OR AS C. DUE TO (OR AS d. Is contributing to daeth 1	A CONSEQUENCE A CONSEQUENCE but not resulting tpetient 3 DOA 28b. T Y — All home, farm coffy) Wiedge, death occu	OF): OF): 26. OTHER: 4 Nursing Home of the street, factory, of the street at the time, do	PLACE OF OEATH (Commo 5 Neeldence NURY AT VORK? YES 2 NO VIca	Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW OV A C 281. LOCATION (Street City or Jown), State Location (Street) 281. Location (Street) 281. Location (Street) 281. Location (Street) 281. Location (Street)	INJURY OCCURED and Number of Run and number as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE	DUE TO (OR AS C. DUE TO (OR AS d. BE Contributing to death HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Dey, Year) 3 PLACE OF INJURY Duilding, etc. (Sp.) ICIAN: To like best of my kno	A CONSEQUENCE A CONSEQUENCE but not resulting tpetient 3 DOA 28b. T Y — All home, farm coffy) Wiedge, death occu	OF): OF): 26. OTHER: 4 Nursing Home of the street, factory, of the street at the time, do	PLACE OF OEATH (Come 5 NURY AT WORK? YES 2 NO lica Ita end piece, end du, deeth occured at if	PERFO 1 YES: Check only one) 8 Other (Specify) 28d. DESCRIBE HOW OV Steel City or Jown, State City or Jown, State use to the ceuse(e) end mane time, date and place, e	and Number of Run	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 1 Netural 5 Could not be determined 29e. CERTIFIER (Check only	DUE TO (OR AS C. DUE TO (OR AS d. BE Contributing to death HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Dey, Year) 3 PLACE OF INJURY Duilding, etc. (Sp.) ICIAN: To like best of my kno	A CONSEQUENCE A CONSEQUENCE but not resulting tpetient 3 DOA 28b. T Y — All home, farm coffy) Wiedge, death occu	OF): OF): 26. OTHER: 4 Nursing Hilling OF NURY M 1	PLACE OF OEATH (Commo 5 Neeldence NURY AT VORK? YES 2 NO VIca	PERFO 1 YES: Check only one) 8 Other (Specify) 28d. DESCRIBE HOW OV Steel City or Jown, State City or Jown, State use to the ceuse(e) end mane time, date and place, e	and Number of Run	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE	DUE TO (OR AS C. DUE TO (OR AS d	A CONSEQUENCE A CONSEQUENCE but not resulting tpetient 3 DOA 28b. TY—Al home, farm collaboration end/or investigation end/or investigation.	OF): 26. OTHER: 4 Nursing Hi IME OF 28c. I Nursing Hi IME OF 28c. I Nursing Hi IME OF 28c. I Nursing Hi Ime of 1 1 Nursing Hi Ime of 28c. I	PLACE OF OEATH (Comme 5 Neeldence NUMPY AT YORK? YES 2 NO Place and decided at the deth occured at the place, and decided no course at the place of	PERFO 1 YES: Check only one) 8 Other (Specify) 28d. DESCRIBE HOW OV Steel City or Jown, State City or Jown, State use to the ceuse(e) end mane time, date and place, e	INJURY OCCURED and Number of Rum and lothe ceuse 29d. DATE SIGNI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		

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MA		. 11		2. DATE OF OEATH MONTH DAY	3. TIME OF DEATH SEAR 3. TIME OF DEATH 3. TIME OF DEATH
		$m_1 + h$	UNDER 1 YEAR OF INDER 24 HE		8. BIRTHPLACE (State or Foreign
577-01-2408	1 - M 2 -	NO.		(Month, Day. Year)	Country)
9a. FACILITY NAME (If not institution, give	a street and number)		CITY, TOWN OR LOCATION O		06 Washington, DC
WASHINGTON ADI	KALTIST HOSP	ITAL.	ALOMA PAR	K	MONTGOMERY
RESIDENCE OF DECEDENT					
		.54			10d. INSIDE CITY LIMITS?
	ce George's	Lanha		100	1 YES 2 NO
	rrago		300 - 3		
11. MARITAL STATUS		N U.S. ARMED			- S - A -
1 Never Married 2 Married					Specify: White
3 X Widowed 4 Olvorced					WILLE
		(Give kind of work	done during most of working	16b. KIND OF BUSINES	S/INDUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5 +)			20 D m 1	
	None	тетерпо			phone Company
					,
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO			te, Zip Code)
Joseph R. Hysan	(Brother)	6610 Ma	gnolia Terra	ce. Lanham, Ma	rvland 20706
20a. METHOD OF DISPOSITION	amoval from State				DN — City or Town, State
4 Donation 5/ ther (Specify)	- X	t. Olivet			ngton, D.C.
21. SIGNATURA OF PUNERAL BERVICE	UPT2 /)	/			ral Homo DA
/ Tarte/	d 1 Duti	m	4739 Baltim	ore Ave. Hyatt	sville Md 20781
IMMEDIATE CAUSE (Final	0			1	Onset and Death
resulting in death)	· chruda	one o	Dow	U.	
	Cohe to lou year	(00)	1,0 2 (0	i same	
Sequentially list conditions,	b. DUE TO (OR A)	The second secon	5 Har	avn	
ceuse. Enter UNDERLYING	· Caro	up Vi	woulder	Larler	0 0
that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):		0	
leading in death) Exci	d				
PART II. Other significant condit	ions contributing to death t	out not resulting in t	he upderlying druse give	in Pert I. 24s. WAS AN AUTO	
- Card	esur +	trast	taller	1 VES 200	COMPLETION OF CAUSE
					1 TYES 2 NO
		10	26. PLACE OF DEATH	(Check only one)	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THE P. T. PRINCE OF STREET	
EXAMINER?	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Out	petient 3 DOA 4	Nursing Home 5 - Reside		
EXAMINER?			F 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJUR	W occured
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation	1 Department 2 DEPOTON 29a. DAYE OF BUILDRY (Month, Cay, Year) 29a. PLACE OF BUILDRY	petient 3 DOA 4	P 28c. INJURY AT WORK? WORK? I YES 2 NK	284. DESCRIBE HOW INJUR	NY OCCURED Sumber or Fluid Flouts Mumber
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending	1 Impetient 2 ER/Out 29a DATE OF BALURY (Month, Day, Year) 90 38a PLACE OF BALURY building, etc. (Son	28b. TIME O INJURY	P 28c. INJURY AT WORK? WORK? I YES 2 NK	284. DESCRIBE HOW INJUR	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation 3 Suicide 6 Qualit not determined 29e. CERTIFIER PARCECTICATION DATE.	1 Impetient 2 ER/Out 29a. DATE OF BILLIPRY (Month, City, Vise) 28a. PLACE OF INJURY building, etc. (Spe	28b. TIME O INJURY At home, faim, streecity)	F 28c. INJURY AT WORK? M 1 YER 2 No	286, DESCRIBE HOW INJUR 286, LOCATION (Street and A City or Revi., State)	Burnber or Rural Route Mumbes
EXAMINER? 1 YES 2 NO 22. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Count not determined 4 Homicide 6 Count not determined 29a. CERTIFIER Check only	1 Impetient 2 ER/Out 29a. DATE OF BILLIFTY (Month, Jay, Vise) 28a. PLACE OF BILLIFTY building, etc. (Spei	28b. TIME O RNJURY T — At home, farm, streethyly death occurred a	F 28c. INJURY AT WORK? M 1 YER 2 No. et, tectory, office	284, DESCRIBE HOW INJUR 281, LOCATION (Street and h City or Rwn, State) due to the cause(e) and menner	Burnber or Rural Route Mumbes
EXAMINER? 1 YES 2 NO 22. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Count not determined 4 Homicide 6 Count not determined 29a. CERTIFIER Check only	1 Impetient 2 ER/Out 29a. DATE OF BULUFY (Month, Crey, Year) 29a. PLACE OF BULUFY (Month, Crey, Year) 29a. DATE OF BULUFY (Month, Crey, Year) 29a. PLACE OF BULUFY (Month, Crey, Year) 29a. DATE OF BULUFY	28b. TIME O RNJURY T — At home, farm, stree wladge, death occurred a	F 28c. INJURY AT WORK? M 1 YER 2 No. et, tectory, office	286. DESCRIBE HOW INJUR 286. LOCATION (Street and In City or Tawn, State) due to the cause(a) and menner t the time, date and place, and du	fumber or Runal Routs Mumber; ea stated.
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Panding Investigation 2 Suicide 6 Count not 4 Monticide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	1 Impetient 2 ER/Out 29a. DATE OF BULUFY (Month, Crey, Year) 29a. PLACE OF BULUFY (Month, Crey, Year) 29a. DATE OF BULUFY (Month, Crey, Year) 29a. PLACE OF BULUFY (Month, Crey, Year) 29a. DATE OF BULUFY	28b. TIME O RNJURY T — At home, farm, stree wladge, death occurred a	F 28c. INJURY AT WORK? M 1 YER 2 No. st. tectory, office It the time, data and place, and n my opinion, death occured a	286. DESCRIBE HOW INJUR 286. LOCATION (Street and In City or Tawn, State) due to the cause(a) and menner t the time, date and place, and du	es stated. a to the cause(a) end menner se atated.
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Panding Investigation 2 Suicide 6 Count not 4 Monticide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	29a. DATE OF BILLIFTY (Month, Gay, Vest) 29a. PLACE OF BILLIFTY (Month, Gay, Vest) 29a. PLACE OF BILLIFTY building, etc. (Spe) IVSICIAN: To the best of my know INNER: Og the beste of examination FIER	285. TIME O RECOVER AT THE CONTROL OF T	# 28c. INJURY AT WORK? # 1 YER 2 No. at, factory, office It the time, data and placa, and n my opinion, death occured a 29c. LICENSE	286. DESCRIBE HOW INJUR 286. LOCATION (Street and h City or Text, State) due to the cause(e) and menner t the time, date and place, and du NUMBER 299	es stated. a to the cause(a) end menner ee atated. d. OATE SIGNEO (Morph, Day, Year)
EXAMINER? 1 PES 2 NO 2. MANNER OF DEATH 1 Natural 5 Panding 3 Accident 3 Suicide 6 Count not determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFIER	29a. DATE OF BILLIFTY (Month, Gay, Vest) 29a. PLACE OF BILLIFTY (Month, Gay, Vest) 29a. PLACE OF BILLIFTY building, etc. (Spe) IVSICIAN: To the best of my know INNER: Og the beste of examination FIER	285. TIME O RECOVER AT THE CONTROL OF T	# 28c. INJURY AT WORK! TO YER 2 NO. No	286. DESCRIBE HOW INJUR 286. LOCATION (Street and h City or Text, State) due to the cause(e) and menner t the time, date and place, and du NUMBER 299	es stated. a to the cause(a) end menner se atated.
	4. SOCIAL SECURITY NUMBER 571-01-2408 9a. FACILITY NAME (If not institution, give NASHINGTON) PRESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland Prin 10a. STREET AND NUMBER 6610 Magnolia Te 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Otvorced 15. DECEDENT'S EE (Specify only highest grave) Elementary/Secondary (0-12) 12th Grade 17. FATHER'S NAME (First, Middle, Last) John F. Hysan 19a. INFORMANT'S NAME (Type/Print) JOSEPH R. Hysan 20a. METHOD OF DISPOSITION 1 Wilderlay 2 Offination 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF PURE RAY SERVICE 23. PART I. Enter the diseases, one shock, or heert failur immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	4. SOCIAL SECURITY NUMBER \$71-01-2408 9a. FACILITY NAME (if not institution, give street and number) WHAT NOT ON ADVANTST HOSP RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Prince George's 10e. STREET AND NUMBER 6610 Magnolia Terrace 11. MARITAL STATUS 1 Never Married 2 Married 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th Grade None 17. FATHER'S NAME (First, Middle, Last) John F. Hysan 19a. INFORMANT'S NAME (Type/Print) Joseph R. Hysan (Brother) 20a. METHOD OF DISPOSITION 1 X Burlal 2 Gromation 3 Removal from Stata 4 Donation 5/ Other (Specify) 21. SIGNATUR OF UNERDAY BETWICE UDERSE 23. PART I. Enter the diseases, or complications that caused shock, or heart fallure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Josephine 4. SOCIAL SECURITY NUMBER 571-01-2408 9a. FACILITY NAME (If not institution, give street and number) Whith County Advance (In principle) RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Prince George's Lanha 10c. CITY, TO Maryland Prince George's Lanha 10c. STREET AND NUMBER 6610 Magnolia Terrace 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th Grade None 17. FATHER'S NAME (First, Middle, Last) John F. Hysan 19a. INFORMANT'S NAME (Type/Print) Joseph R. Hysan (Brother) 20a. METHOD OF DISPOSITION 11 Survival 2 Grignation 3 Ramovel from State 4 Donation 5 Other (Specify) 21. SIGNATUR OF UNERFALL SERVICE UPPRISE 23. PART I. Ently the diseases, or complications that caused the deeth. Do not shock, or heert fellure. List only one ceuse on sech lins. IMMEDIATE CAUSE (Final diseases, or complications that caused the deeth. Do not shock, or heert fellure. List only one ceuse on sech lins. IMMEDIATE CAUSE (Final diseases or conditions, if any, leading to Immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST DUE TO (OR AS a CONSEQUENCE OF): DUE TO (OR AS a CONSEQUENCE OF):	Josephine 4. SOCIAL SECURITY NAME (II not institution, give street and number) 571-0-2-00 98. FACILITY NAME (II not institution, give street and number) 98. FACILITY NAME (II not institution, give street and number) 98. CITY, TOWN OR LOCATION OF THE NAME (II not institution) WESTDENCE OF DECEDENT 108. COUNTY 109. STREET AND NUMBER 6610 Magnolia Terrace 11. MARTIAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. MARTIAL STATUS 12. WAS DECEDENT OF HE SECURITY 13. WAS DECEDENT OF HE SECURITY 14. PES 2 NO SECURITY SECURITY 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files both None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files both None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files both None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files both None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files both None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files both None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files both None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files both None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files both None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files both None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files both None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files by None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files by None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files by None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files by None) 15. DECEDENT'S EDUCATION (Cive kind of work done during most of working files by None) 15. MASE DECEDENT'S USUAL OCCUPATION (Cive kind of work done during	A SOCIAL SECURITY GUMBER 4. SOCIAL SECURITY GUMBER 5. M. STACE OF BIRTH GOODS 1 MB. T. CARE OF BIRTH (Modif), Die; Medity Manual Park (Modif), Die; Medity Modify Medity

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA	
T DAT	CEUDOTI	2. DATE OF DEATH MONTH DAY Month 17 1

FOR STATE REGISTRAR		STATE OF MA			MENT OF H		MENTA	L HYGIEN	E			
1. OECEOENT'S NAME (First,	, Middle, Last)							OF DEATH			3. TIME OF OEATH	
CHARL	ES GI	LEN STU	RGILL				Мат	ch 17,		/EAR	6:20P.	м
4. SOCIAL SECURITY NUME			AGE (In yrs. les	it birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTH	HPLACE (State or Foreig	n
217-34-802		1X M 2 □ F	51	YRS.	ONTHS DAYS	HOURS MIN.	Nov.	19,193			ward Co.M	ld.
9a. FACILITY NAME (If not in				9		R LOCATION OF OE			9c. COUNTY			
30 Shropsh		irt			UWI	ngs Mill	.S			вал	timore	
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCAT	ION					10d. INSIDE CITY	
Md.	Bal	Ltimore		Ow	ings Mi						1 - YES 2 - NO	
30 Shrops	hiro Co				101	21117			10g. CITIZE	N OF \	WHAT COUNTRY?	
11. MARITAL STATUS		12 WAS DECEDENT	EVER IN U.S. AF	MED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN	1? (Specify Yea	or No.— 14	L BAC	E — American Indian,	-
1 Never Married 2XX	Married	FORCES? 1 [YES XX	NO	If yes, spe	city Cuban, Mexica 2 X NO Specify	n, Puarto			Blac	k, White, atc.	
3 Widowed 4 Divo	rced				"" ""	A CALLON Specify					nite	
15. DEC (Specify only	EDENT'S EDUCA y highest grade c	ATION ompleted)	(G	live kind of wor	SUAL OCCUPATION No.		16b	KIND OF BUS	SINESS/INDUS	STRY		
Elementary/Secondary (0		College (1-4 or 5+)	life	. Do NOT use	retired.)							
6th Grade				earm M	lanager							
17. FATHER'S NAME (First, M		0.1	•11			18. MOTHER'S NA			Surname)			
Adam	Ε.	Stur				Ida		eatley				
Mrs. Edith		en: 11	1			Other Or Rural F					7	
20g. METHOD OF DISPOSIT		giii	1			Ct. Owin	igs r		CATION — CH			-
1X Burial 2 Crematic	n 3 🗆 Remov	val from State	other pi	lace)		al Garde			ıksbur			
21. SIGNATURE OF FUNERA		NSEE	1 Eve	rgreen		D ADDRESS OF FA						_
1	13	0	1		Fline	Funeral	Home				stown Rd.	
22 PAST I Felor the d	72		re					Keist			Md.21136	
23. PART I. Enter the d shock, or h	eart failure. L	lat only ona caus	e On each line	eath. Do no n.	t enter the mo	da of dying, auc	n aa can	diac or respi	ratory arres	st,	Approximate interval Betw	reen
IMMEDIATE CAUSE (Fir disease or condition	nal	Λ.	+ -	++	3	et G	00	14	11.		Onset and D	eath
reaulting in death)	→ .	OUE TO (OR AS A CONSE		0			CAU	1 the	ny	9 141	è
	_	002 10 (0	ON AS A CONSE	OUENCE OF).					/	0	/ j /	
Sequentially ilst condit		DUE TO (C	OR AS A CONSE	OUENCE OF):								
cause. Enter UNDERLY	ING										1	
CAUSE (Disease or Injuthat initiated events		DUE TO (C	OR AS A CONSE	OUENCE OF):								
resulting in death) LAS	d.											
PART ii. Other algnifica	nt conditions	contributing to d	eath but not	resulting in	tha underlying	cause given in	Part i.	24s, WAS AN	AUTOPSY	248	b. WERE AUTOPSY FINDI	NGS
					, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CAUS	
							_	1 TYES 2	NO		OF DEATH?	
					· · · · · · · · · · · · · · · · · · ·						1 TES 3 NO	
25. WAS CASE REFERRED T	O MEDICAL				28. PI	ACE OF OEATH (Ch	eck only o	ne)				
EXAMINER?		HOSPITAL:	ER/Outpatient		OTHER:	0						
27. MANNER OF DEATH		28a. DATE OF II	NJURY	26b. TIME	OF 28c. INJ	URY AT		SCRIBE HOW I	NJURY OCCU	RED		
	Pending Investigation	(Month, Day	(roar)	INJUI	and the same of th	RK? (ES 2 NO						
2 Accident 3 Suicide 6	Could not be	26s, PLACE OF	INJURY — At he tc. (Specify)	ome, farm, atr	est, factory, offic	1	261. LOC	CATION (Street a	and Number or	Rural	Route Number,	
4 Homicide	detarmined	Jonethy, 6	(opolity)				Uny	or Town, State)				
29a. CERTIFIER (Check only	TIFYING PHYSIC	IAN: To the best of n	ny knowledge, d	eath occurred	at the time, date	and place, and due	to the ca	use(a) and mar	ner as stated	ı.		
one!	ICAL EXAMINER	: On the basis of exe	mination and/or	Investigation,	in my opinion, d	eath occured at the	time, date	and place, an	d dua to the	cause(a) and manner as state	ıd.
29b. SIGNATURE AND TITLE	OF CERTIFIER	11	1			29c. LICENSE NUI	WBER		29d. DATE S	SIGNE	D (Mojnth, Day, Year)	
Dan	i M	tok	-	MD		1203	96	=	1 3	/19	190	
30. NAME AND ADDRESS O	F PERSON WHO	///		1	1 10	ien B		R	H h		21220	
31. DATE FILED (Month, Day,	473	32. REGISTRAR	S SIGNATURE	20		(1)	100	. / 34	VIO		21231	
MAD	וסי ח כו	1 1	. V. / /	In- Ray	nda DQ							

for the second second second

1 - STATE REGISTRAR	SIAIE UF MANTL		ICATE C			MENIAL H	TGIENI EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		_				2. OATE OF D		,		. TIME OF DEATH
Albert	Nilliam -	Illiam TRAVERS				MONTH DAY YEAR 90		90	2 25 AM	
	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE		MIN	7. OATE OF B (Month, De)	(, Year)	- 1	8. BIRTHPL Country)	ACE (State or Foreign
		7 YRS.				2/24/	1903	3	Mar	yland
9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TO	WN OR LOCATI	ON OF DE	HTA		9c. COUN	TY OF OEA	тн
Manokin manor			Princ	cess A	nne			Sor	ners	et
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. C/7	Y, TOWN OR L	OCATION					1	Od. INSIDE CITY
Maryland Wicom	nico	Fri	uitlan	nd					Ι,	LIMITS? VES 2 NO
Maryland Wicomico Fruitland 1√2 YES 2 □ NO 100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?								/- -		
507 Clyde Ave.				218	326			US	SA	
	12. WAS DECEDENT EVER I			DECENDENT (OF HISPAN	IIC ORIGIN? (S			14. RACE -	- American Indian,
1 Never Married 2 Married	FORCES? 1 YES			s, specify Cubs YES 2 2 NO		n, Puerto Rican	, atc.)		Specify:	White, atc.
3 🔀 Widowed 4 🗌 Divorced									Whi	te
15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S (Give kind of	work done durin	PATION g most of worki	ing	16b. KIN	D OF BUS	INESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u						-		
6		Clerk	<	_				· Co.		
17. FATHER'S NAME (First, Middle, Last)	1222					ME (First, Middle		,		
Matthew T. Trav	vers					y Eli	_		-	5
19a. INFORMANT'S NAME (Type/Print)			ADDRESS (St					-		
Dora Bailey 20g, METHOD OF DISPOSITION			l Box			dela,				
1 🖾 Burial 2 🗆 Cremation 3 🗆 Remov	vel from State	other place) princh:				_		CATION — C		
4 Donation 1 Dihar (Specify)		Pr Trigii.		E AND ADDRE			HEL	31 011	, Mu	•
III SIGNAL SELVICE EIGH		V	- ""	E AND ADDRE	.33 OF FA	CILITY				
suala (mun	ar	Bour	nds FL	iner	al Ho	me,	Sali	isbu	ry, Md.
23. PART i. Enter the diseases, or co ahock, or haart fellure. L			not enter the	mode of dy	ing, suc	h ee cardiec	or respi	ratory erro	et,	Approximate interval Between
IMMEDIATE CAUSE (Finel	iat only one cause on t	out inte.								Oneet and Death
dieeeee or condition resulting in death) e. Glam Cyclar										
Touring in duting	DUE TO (OR AS	A CONSEQUENCE C	OF):	-						
Sequentielly list conditions, 6.										
if eny, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE O	NF):							
Cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):										
that initieted events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE C	<i>ነ</i> ተ):							i
d.										
PART II. Other significant conditions	contributing to death	but not resulting	in the under	riying cause	given in	Part i. 24s	. WAS AN			WERE AUTOPSY FINDINGS
						1.0	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_ ``				OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			- 2	26. PLACE OF	DEATH (Ch	eck only one)				
	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	Home 5 □ R	asidence	6 Other (Sp	ectfv)			
27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TII	WE OF 284	c. INJURY AT		28d. DESCRI		NJURY OCC	UREO	
1 Natural 5 Pending	(Month, Day, Year)	l In	M 1	WORK?	□ NO					
2 Accident Investigation 3 Suicida 8 Could not be	28e PLACE OF INJURY — At home form street factory office				28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
4 Homicide determined	somerigi etc. (ape	1/				Only Or 10				
29e. CERTIFIER (Check only Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
29b. SIGNATURE AND TITLE OF CERTIFIER			_		ENSE NUI					Month, Day, Year)
CTC	M A			1	D18			•	_	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Tvo	e, Print)		100	- a			3-10	1-73
		. , , , , , ,								

540 Riverside Dr. Salisbury, Md.

32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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MAR

31. DATE FILED (Month, Day, Year)

190

Colwell,

TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detain the filled within 72 hours after death with the State hour of Health and Mental Hynlene prior in burial cremation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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death.	funer	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in
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ertifica	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the its side within 72 hours after death with the State Beat of Health and Mental Honline enfort to build cremation or removal	othe
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

CERTIFICATE OF DEATH
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

1 - FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)	(TYLER)				2. DATE OF DEATH 3. TIME OF DEATH			
	CARLO	S J.	Tyle	,		March 1	3 1990		
4. SOCIAL SECURITY NUME				FUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign	
214-32-6	6561	M2 F		ONTHS DAYS	HOUSE HIN	Oct. 30, 19	Cou	Maryland	
9a. FACILITY NAME (If not in		and number)		b. CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY OF		
PENINSULA		HOSPITAL		SAL	SBURY, M	IARYLAND	WIC	COMICO	
10a. STATE	10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?	
Maryland		Somerset		Ewell				1 YES 2 X NO	
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									
RR1	Box 6	0			21824		U.S.	.A.	
11. MARITAL STATUS		WAS DECEDENT EVER IN FORCES? 1 YES				IIC ORIGIN? (Specify Yearn, Puarto Ricen, atc.)	or No- 14. RA	ICE — American Indian, ack, White, atc.	
1 Never Married 2 3 3 Widowed 4 Divo		IF YES, GIVE WAR OR DA			2 NO Specify			white	
				1					
15. DEC (Specify on	EDENT'S EDUCATI y highest grade con	ON npleted)	(Give kind of work	k done during ma	ON est of working	18b. KIND OF BUS	INESS/INDUSTRY		
Elementary/Secondary (0-12) C	college (1-4 or 5+)	ilie. Do NOT use n				- 1		
Grade 7			Waterm	an		Seafoo			
17. FATHER'S NAME (First, A						ME (First, Middle, Maiden S	Surname)		
Asbury Tyle					Annie	Jones			
19a. INFORMANT'S NAME (Type/Print)		and the second second			Route Number, City or Town	, State, Zip Code)		
Clara S. Ty	/ler		Same a	as 10 a	,b,c,d,e	,f			
20s. METHOD OF DISPOSIT		from State	PLACE OF DISPOSITI	ON (Name of cer	metery, cremetory or	20c. LOC	ATION — City or	Town, State	
4 Donation 5 Dother			well Meth	odist C	Church Ce	metery	Ewell,	MD	
21. SIGNATURE OF FUNERA	L SERVICE LICENS	1			ND ADDRESS OF FA	ошту s Funeral H	Jomo		
1 Koling	+ 21/1/	1xable	200 16			Crisfi		21817	
23. PART I. Enter the d	Iseesee, or com	polications that caused	the death. Do not					Approximete	
shock, or h	eart failure. Lis	only one cause on e	ech line	onto the me	or cyntg, cac	ii oo ouraroo or roopii	atory arrost,	Interval Between	
IMMEDIATE CAUSE (Fit disease or condition	nal	B 1.	/			£ .O.	a at	Onset end Death	
resulting in deeth)	→ a	Caraci	muli	nar	ary	taile est V	2_		
		A 1-	CONSEQUENCE OF):	7	- 71	. 10	7'	92	
Sequentielly list condit	tions. b	(MTENI	osel	enou	-e_1+0	es l	isee.	ie	
if eny, leading to imme cause, Enter UNDERLY	diate a	1 LO (OH AS A	CONSEQUENCE OF):	2	•				
CAUSE (Diseese or Inju			CONSEQUENCE OF:	esu	res				
that initieted events resulting in death) LAS	aT .	OUE TO (OH AS A	CONSEQUENCE OF):						
	d								
PART II. Other significa	ant conditione c	ontributing to death b	ut not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
Come	e re	condu	ery to	o An	roxia	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Fi	10041	lealone.	4.0. 3	0		1 YES 2	-NO	OF DEATH?	
1	. 14	and field	771	ne	une	nuca		1 TES 2 NO	
25. WAS CASE REFERRED T	TO MEDICAL	- and	sc.	00.00	ACE OF DESTU OF				
EXAMINER?	H	OSPUAL:		THER:	LACE OF DEATH (Ch				
1 VES 2 NO	1	Inpatient 2 ER/Outp				8 Other (Specify)			
27. MANNER OF BEATH	Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WC	DRK?	28d. DESCRIBE HOW IN	JURY OCCURED		
2 Accident	Investigation				YES 2 NO				
	Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre diffy)	et, factory, offic		281. LOCATION (Street e City or Town, State)	nd Number or Rur	al Route Number,	
4 Homicide	detarmined								
29a. CERTIFIER (Check only	TIFYING PHYSICIA	N: To the best of my know	ledge, death occurred	at the time, date	and place, and due	to the cause(a) and man	ner se stated.		
onal								e(s) and manner so stated.	
29b. SIGNATURE AND TITLE	E OF CERTIFIER	1			29c. LICENSE NUI	ABER T	25d DATE BACK	IED Skiasth, Day, Year)	
1/000	1111	1	. 4. 7	>	179-1	70	D = /	12/63	
30. NAME AND ADDRESS O	F PERSON JUNO D	OMPLETED CAUSE OF THE	ATH (ITEM 27) (Type, P	rint)	1916	10	716	770	
May 1 1.	F-11-	the state of the	1 (1) (1) (1) (1) (1) (1) (1) (1)	10	7 7/1	re 199	uff	Matte	
31. OATE FILED (Month, Day,	· · · · · · · · · · · · · · · · · · ·	32 PEGISTRAB'S SIGN	ATURE	Sal	ispu	ry ru	12	180)	
MAR I	9'90	gulia Da	4 doon- Panda	22		O			

BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mous after death. Page 6 may be retained by the hospital or attending physici	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-
	cuted within 24 mours after	1 completely filled in by th
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the death certificate be exec	been signed by the attending physician and
DIVISION OF VITAL	. OR ATTENDING PHYSICIAN: The law	DIRECTOR: After this certificate has I

nding physician. Is the buriat-transit permit. Pages 1, 2, anough TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mous after death. Page 6 may be retained by the detached of the EUNECAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH	AND	MENTAL	HYGIENE
CERTIFICATE OF DEAT	TH		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			IENTAL HYGIENE		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
J	. EDWIN TA	WES			March 7,	199(
4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (/			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIF	RTHPLACE (State or Foreign untry)
217-03-0802	M 2 D F	95 YRS. MON	THS DAYS	IOURS MIN.		94	Marvland
9a. FACILITY NAME (If not institution, give street	et and number)	9b.	CITY, TOWN OR	LOCATION OF DEA	ATH	9c. COUNTY OF	F DEATH
Home - 204 W. Mai	n St.		Crisf	ield, M		Some	erset
10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATIO	N			10d. INSIDE CITY LIMITS?
Maryland So	merset		Crisf	ield, M)		1 ☑ YES 2 ☐ NO
10e. STREET AND NUMBER		•	10f. Z	IP CODE		10g. CITIZEN O	F WHAT COUNTRY?
204 W. Main St.				21817		U.S.	.A.
	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 NO			C ORIOIN? (Specify Year , Puerto Rican, atc.)	or No- 14. R/	ACE — American Indian, lack, White, etc.
1 Never Married 25 Married 3 Widowed 4 Divorced	IF YES, OIVE WAR OR DA	ITES		NO Specify:			pecify:
	W. W. I Na	4	<u> </u>				White
15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	(Give kind of work life. Do NOT use ret	done during most		16b. KIND OF BUSH	NESS/INDUSTRY	Y
	College (1-4 or 5+)	50.7756.30			7.24	1. 7	
H. S. Graduate 4	years	Manager		IS MOTHED'S MAN	Automobi		ncy
Oliver Copeland T	awos				ly Long	umamej	
19a, INFORMANT'S NAME (Type/Print)	unco	19h MAII INO ADO	NESS (Street and		oute Number, City or Town,	State Zin Code	
Lou Ella Tawes			as 10 a		out Hamber, Only or 10111,	Otalia, Elp Code)	
20a METHOD OF DISPOSITION	206	PLACE OF DISPOSITIO			20c, LOC	ATION — City or	r Town, State
1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from Stata	other place) unnvridae	•				ield, MD
21. SIGNATURE OF FUNERAL SERVICE LICER		IIIIVI 100E	22. NAME AND	ADDRESS OF FAC			rero. Mil
· 11/1 + 7/1	0 1/	//.			ns Funeral		- 01015
23. PART I. Enter the diseases, or co	nachke	to, you			Crisfi		
shock, or heart fellure. Lis	st only one cause on e	och line.	auter the mode	e or aying, such	as cardiec or respir	story smest,	Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition	***						Onset and Death
resulting in death)	Uremia	CONSEQUENCE OF):					3 Weeks
	•	CONSEQUENCE OF):					37
Sequentielly list conditions, b.	ASCVD	CONSEQUENCE OF):					Years
If eny, leeding to immediate cause. Enter UNDERLYING							
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
resulting in deeth) LAST							
0.							
PART II. Other significent conditions	contributing to death b	ut not resulting in ti	he underlying	cause given in i	Part I. 24a. WAS AN A PERFORE		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
i					1 _ YES 3X	<u>Σ</u> tνο	OF DEATH?
					_		1 TYES 2 NO
	HOSPITAL:		26. PLA THER:	CE OF DEATH (Che	ock only one)		
	I Inpetient 2 ER/Outp				6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	WOR		28d. DEŞCRIBE HOW IN	JURY OCCURED	0
2 Accident Investigation	28- DI ACE OF IN HIRD	- At home, farm, stree		S 2 NO	28f. LOCATION (Street as	ad Mumbas as Du	and Doubs Mumber
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	- At nome, farm, stree	n, rectory, ornes		City or Town, State)	nd Number or Hu	rei Houte Number,
29a. CERTIFIER			(
(Check only CERTIFTING PHYSICI	AN: To the best of my know	_					matel and manner or the d
//	OH the basis of axaminatio	A A A A A A A A A A A A A A A A A A A	ii my upinion, dei				se(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Day, Year)							
10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
				riacial:	, 1 MD 2101	7	
James A. Sterling	32. REOISTRAR'S BIG	O.W. Main	St C	TISI16TC	d, MD 2181	/	
MAR Ó 9 '90	32. REGISTRAR SELECTION	Davidson-Ra	ndell				

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DIVIDION OF WINE HEADING, 1.5. ECA 10.10,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Hearth and Mental Hyglene prior to burial, crematori, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
	A	EG.	23	E
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		FOR G	STATE OF MARYL	AND / DEDARTM	IENT OF BEAIT	L AND MEN	ITAL UVCIENT	=	
		1 - STATE REGISTRAR	DIALL OF MANIE		ATE OF DEA		REG. NO.		
		1. OECEDENT'S NAME (First, Middle, Lust)	1				DATE OF DEATH	v vs.	3. TIME OF DEATH
		Herman Will	VONUT ON				53 16		
1		221 11 20:00	SEX 6. AGE (UNDER TYEAR IF UND	1	Month, Day, Year)		ertHPLACE (Stapfor Foreign
4	E E	98. FACILITY NAME (If not institution, give street of the	and number)	1 91	CITY, TOWN OR LOCA		md	9c. COUNTY	DF DEATH
	5	RESIDENCE OF DECEDENT	Coppe to	14		ince;	1100	000	2
	DIRECTOR	100. STATE 100 COUNTY	n ann	e Ba	own on Logation	/		0	10d. INSIDE CITY LIMITS? 1 VES 2 440
1	FUNERAL	100. STREET AND NUMBER BY # 1 BOY	14		10f. ZIJ CO	DE		10g. CITIZEN	OF WHAT COUNTRY?
	5	The state of the s	WAS DECEDENT EVER II		13. WAS DECENOENT If yes, specify Cui			or No- 14.	RACE — American Indian, Black, White, atc.
	B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗌 YES 2 🖫 🗖				Stock
	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade company (Specify (D-12)) Company December (D-12)	ON pleted) ollege (1-4 or 5+)	t6a. OECEDENT'S USI (Give kind of work life. Do NOT usa n	done during most of wor tired.)	king	16b. KIND OF BUS	INESS/INDUST	RY
e c	COMPL	12. FATHER'S NAME (First, Microbel Land)	1)	1 AND	wanted	THED'S NAME /	irst, Middle, Maiden	Sumamal	Λ /
at or	BE CC	Herman)	hornto	n	11	Mary	Sen	ey I	winter
	5	Market Cappel		PO B	ORESS (Street and Number of 33 Z	ber or Russi Rough	trevel	Zip God	21/2/1/17
must b		20a. MÉTHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	trom State	b. PLACE OF DISPOSITE	(Name of cemetery, ci	rematory or	20c. LOC	CATION - CHY	or Town, State
iner		21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	11	22. NAME AND ADD	RESS OF FACILIT	Y 1	1	11
ехаш		13. Ennie	Lani	the	8 11 VB	0/67	& H	un la	ik mil
dicai		7 0 10 1 - 00 0							
		23. PART I. Enter the disesses, or com			enter the mode of o	dying, such ss	cardisc or respir	ratory srrest,	
Ē		23. PART I. Enter the disesses, or com shock, or heart fellure. List IMMEDIATE CAUSE (Final	only one ceuse on e	ech iine.		dying, such ss	csrdisc or respi	ratory srrest,	Approximete tntervai Between Onset snd Death
t, the medical		shock, or heart feilure. List	only one ceuse on e			dying, such ss	csrdlsc or respin	ratory srrest,	tnterval Between
event, the me		shock, or heart feliure. List IMMEDIATE CAUSE (Final disesse or condition	Car d	LO O CNIC	Shak	dying, such ss	cardisc or respir	ratory srrest,	tnterval Between Onset snd Death
event,	NO	shock, or heart feliure. List IMMEDIATE CAUSE (Final disesse or condition	DUE TO (OR AS A	A CONSEQUENCE OF:		dying, such ss	csrdisc or respin	ratory srrest,	tnterval Between Onset snd Death
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event,	IFICATION	shock, or heart feilure. List IMMEDIATE CAUSE (Final disesse or condition resulting in deeth) Sequentially list conditions, if any, lesding to immediate	DUE TO (OR AS AS DUE TO OR AS AS CONO MA	A CONSEQUENCE OF:	Shock	CAST	csrdisc or respli	ratory srrest,	tnterval Between Onset snd Death
r other traumatic event,	ERTIFICATION	shock, or heart feilure. List iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS AS DUE TO OR AS AS CONO MA	A CONSEQUENCE OF:	Shock	h	cardisc or respli	ratory srrest,	tnterval Between Onset snd Death
or other traumatic event,	B	shock, or heart feilure. List iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	Shock farction cry Dis	cast			therval Between Onset and Death Sminh for I all all all all all all all all all a
or other traumatic event,	B	shock, or heart feiture. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or	DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	Shock farction cry Dis	cast	i. 24a. WAS AN PERFOR	AUTOPSY MED?	tnterval Between Onset snd Death
or other traumatic event,	B	shock, or heart feilure. List iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	Shock farction cry Dis	cast	i. 24a. WAS AN	AUTOPSY MED?	triterval Between Onset and Death Sminu to (av) 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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hows any injury, or other traumatic event,	MEDICAL CE	shock, or heart feiture. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially fist conditions, if any, feeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initisted events resulting in death) LAST PART II. Other significant conditions or the conditions of the cond	DUE TO (OR AS A OUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the cons	Shock farction cry Dis the underlying coust Sury cry 28. PLACE OF	cast	i. 24a. WAS AN PERFOR	AUTOPSY MED?	triterval Between Onset and Death Sminu to (av) 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
hows any injury, or other traumatic event,	MEDICAL CE	shock, or heart feiture. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially fist conditions, if any, feeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initisted events resulting in death) LAST PART II. Other significant conditions or the conditions of the cond	DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in the consequence of the consequ	Shock farction cry Dis	e given in Pert	i. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	triterval Between Onset and Death Sminu to (av) 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 shows any injury, or other traumatic event,	PHYSICIAN: MEDICAL CE	shock, or heart feilure. List IMMEDIATE CAUSE (Final disesse or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initisted events resulting in death) LAST PART II. Other significant conditions of the cond	DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in the consequence of the consequ	Shock farcher Cry Dis the underlying ceuse Sury Cry 28. PLACE OF THER: HURSING HOME 5	e given in Pert	i. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	tnterval Between Onset and Death Sminu to Caru 24b. WERE AUTOPSY FINDINGS ANALIBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 20 NO
or item 23 shows any injury, or other traumatic event,	D BY PHYSICIAN: MEDICAL CE	shock, or heart feiture. List IMMEDIATE CAUSE (Final disesse or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury thet initisted events resulting in death) LAST PART II. Other significant conditions of the cond	DUE TO (OR AS / DUE TO (OR AS / OUE OF INJURY (Month, Day, Your)	petient 3 DOA 4 Patient 3 DOA 4 26b. Time C INJURE Pathome, farm, stre.	Shock farction Cry D(S) the underlying ceuse Suy CV 28. PLACE OF THER: Nursing Home 5 FY M 1 YES 2	e given in Pert	i. 24a. WAS AN PERFOR 1 TYES 2	AUTOPSY MED? NO NO	tnterval Between Onset and Death Similar Company 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
28 is marked, or item 23 shows any injury, or other traumatic event,	ETED BY PHYSICIAN: MEDICAL CE	shock, or heart feiture. List IMMEDIATE CAUSE (Final disesse or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initisted events resulting in death) LAST PART II. Other significant conditions or cond	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A OUE TO (OR A OUE TO (OR A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR A	petient 3 DOA 4 Patient 3 DOA 4 26b. Time C INJURE Pathome, farm, stre.	Shock farction Cry D(S) the underlying ceuse Suy CV 28. PLACE OF THER: Nursing Home 5 FY M 1 YES 2	e given in Pert	i. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NO	tnterval Between Onset and Death Similar Company 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
28 is marked, or item 23 shows any injury, or other traumatic event,	ETED BY PHYSICIAN: MEDICAL CE	shock, or heart feiture. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cond	DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS / OUE TO (OR AS	petient 3 DOA 4 28b. Time c injury A character of the control of	Shock farction Cry Dis the underlying ceuse Surg Cry 26. PLACE OF THER: Nursing Home 5 Fr 28c. INJURY AT WORK? M 1 YES 2 et, factory, office at the time, date and ple	e given in Pert DEATH (Check o Residence 6 25d 2 NO 26f	i. 24a. WAS AN PERFOR 1 YES 2 Other (Specify) I. OESCRIBE HOW II LOCATION (Street a City or Town, State)	AUTOPSY IMED? NO NJURY OCCURI	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 P NO
28 is marked, or item 23 shows any injury, or other traumatic event,	BE COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart feiture. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially fist conditions, if any, feeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initiated events resulting in death) LAST PART II. Other significant conditions or cause. Examiners 1 yes 2 No 1 2 Yes 2 No 1 Yes 2 No 2 Yes 2 No	DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS / OUE TO (OR AS	petient 3 DOA 4 28b. Time c injury A character of the control of	the underlying ceus. 26. PLACE OF THER: Nursing Home 5 F 28c. INJURY AT WORK? M 1 YES 2 et, factory, office at the time, data and place in my opinion, deeth oc	e given in Pert DEATH (Check o Residence 6 25d 2 NO 26f	i. 24a. WAS AN PERFOR 1 VES 2 Other (Specify) I. OESCRIBE HOW II City or Town, State)	AUTOPSY MED? NO NJURY OCCURI and Number or P	tnterval Between Onset and Death Smink for A Cary 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 P NO
TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,	E COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart feiture. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initisted events resulting in death) LAST PART II. Other significant conditions of the con	DUE TO (OR AS / DUE TO (OR AS / DUE TO (OR AS / OUE TO (OR AS	peth line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the constant of t	the underlying ceus. 26. PLACE OF THER: Nursing Home 5 = 28c. INJURY AT WORK? M 1 YES 2 et, factory, office at the time, data and plas in my opinion, desth oc	e given in Pert DEATH (Check o Residence s = 286 NO 266 Co., and due to the cured st the time. J.CENSE NUMBER J. (7 3	i. 24a. WAS AN PERFOR 1 YES 2 Other (Specify) I. OESCRIBE HOW II City or Fown, State) The cause(a) and many, data and place, and	AUTOPSY MED? NO NJURY OCCURI	tnterval Between Onset and Death Smink for Augustian Completion of Cause of Death? 1 Yes a plan no for a set and manner as stated. GNED (Month, Dey, Year) 1 9 0
28 is marked, or item 23 shows any injury, or other traumatic event,	BE COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart feiture. List IMMEDIATE CAUSE (Final disesse or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury thet initisted events resulting in death) LAST PART II. Other significant conditions of the cond	DUE TO (OR AS / OUE TO (OR AS	peth line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the constant of t	Shock Farcho Cry D(S) the underlying ceuse Suy CV 28. PLACE OF THER: Nursing Home 5 FY 28c. INJURY AT WORK? M 1 YES 2 et, factory, offica at the time, data and pla in my opinion, death oc Alcon B Alcon B LCON E Shock 10 LCON E LCON E Shock 10 LCON E LCO	e given in Part DEATH (Check of Residence \$ 25d NO 26f.	i. 24a. WAS AN PERFOR 1 VES 2 Other (Specify) I. OESCRIBE HOW II City or Town, State)	AUTOPSY MED? NO NJURY OCCURI	triterval Between Onset and Death Somme to the second of

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II

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				I	2. DATE OF DE	ATH		3. TIME OF DEATH	
	•	- A	an arr		I	MONTH	DAY	YEAR	0.20 - M	
	4. SOCIAL SECURITY NUMBER 5. S	dna B. Te	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	March 7. DATE OF BIS			2:30 am M	
	1	10.00		MONTHS DAYS	HOURS MIN.	(Month, Day,	Year)	Count	HPLACE (State or Foreign	
	116-24-9658	M 2 🔀 F	83 YRS.			April :	16,1906	No	ew York	
M	9a. FACILITY NAME (If not institution, give street a	nd number)		9b. CITY, TOWN	OR LOCATION OF DE			UNTY OF		
k										
2	11108 Hunt Club D	rive		P	otomac			Montgomery		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		Lane CITY	TOWN OR LOCA	TION				10d. INSIDE CITY	
2			loc. Giri,	TOWN ON LOCA	iiion				LIMITS?	
a	Maryland Mo	ntgomery			Potomac				1 YES 2 NO	
	10e. STREET AND NUMBER			10	r. ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?	
2	11108 Hunt C	lak pata		1	2005	4			2 01 1	
쀨					2085				ed States	
5		MAS DECEDENT EVER FORCES? 1 YE			CENDENT OF HISPANI pecify Cuban, Maxican			14. RAC	CE — American Indian, ck, White, atc.	
BY	I Never Married 2 Married	F YES, GIVE WAR OF			S 2 X NO Specify:		,	Spe	noify:	
	3 XWIdowed 4 Divorced			- 1					White	
	15. DECEDENT'S EDUCATIO		18a. DECEDENT'S L	SUAL OCCUPATI	ON	16b. KIND	OF BUSINESS/I	NDUSTRY		
E 1	(Specify only highest grade comp		(Give kind of we	ork done during m retired.)	ost of working					
2	Elamentary/Secondary (0-12) Col	lege (1-4 or 5+)	Ι,				77.3	- 1 2		
žΙ		4		Teacher				ation	n	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	AE (First, Middle,	Maiden Surname,)		
BE (J. Carl Ki	mball				Kather	ine Sha	₹47		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural R					
임	Joan T. Li	t le o	11100	Hunt C	lub Drive	Dotom	Mam	l an	3 200E4	
	20a. METHOD OF DISPOSITION 1/\(\tilde{\Omega}\) Burial 2 \(\tilde{\Omega}\) Cremation 3 \(\tilde{\Omega}\) Removal 1	rom State	20b. PLACE OF DISPOSI other place)	TION (Name of co	emetery, crematory or		20c. LOCATION	- City or T	Town, State	
- 1	4 🗆 Donation 5 🗆 Other (Specify)		Parklawn	Memori	al Park		Rockv	ille	, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E			ND ADDRESS OF FAC					
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/ /		Robe	rt A. Pum	phrey :	Funeral	Home	e/	
	(Jeans) /	enfant	M00335	Aven	rt A. Pum esda-Chev ue Bethes	y Chas	e, Inc.	2687	7 Wisconsin	
	23. PART i. Entar the diseases, or comp	ileations that caus	sed tha death. Do no	ot entar the m	oda of dying, auch	aa cardiac d	or reapiratory	arrest,	Approximata	
- 1	ahock, or heart failure./List	only ona cause or	each line.						intarvai Betwean	
	IMMEDIATE CAUSE (Final	0		0					Onset and Daath	
	disease or condition resulting in death)	Ca	s A CONSEQUENCE OF	Rospe	catory	arra	et		13	
	- series into	DUE TO (OR A	S A CONSEQUENCE OF		relevosi		2.4		10	
- I		C	nelado	ware	me les sais	240	Luan	lon	1000	
₫	Sequantially list conditions,	DUE TO (OR A	S A CONSEQUENCE OF):					0	
A	if any, leading to immediate cause. Enter UNDERLYING	a		a ax	resch	a product				
유	CAUSE (Disease or Injury	DUE TO (OR A	MUNICE OF	cert	user		·			
Ē	that initiated events resulting in death) LAST	302 10 1911	o a conceasing of						İ	
CERTIFICATION	d		Hay perte	esteri	2					
	PART II. Other significant conditions co	ntelluction to doub	h but had marting to	a the restorie	and and a share to	Dort I De-	WAS AN AUTOPS	v a	4b. WERE AUTOPSY FINDINGS	
MEDICAL	PART II. Othar significant conditiona co	ntributing to beat	4 4		6		PERFORMED?	7 24	AVAILABLE PRIDE TO	
5	//	Vort-6	Trota 6	Jergn	uea)	_ 1	YES 2 NO	- 1	COMPLETION DF CAUSE DF DEATH?	
	/			0			24			
2						—		- 1	1 YES 2 NO	
PHYSICIAN:										
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:			PLACE OF DEATH (Che	ock only one)				
S		Inpetient 2 ER/C	Autpetient 3 DOA	OTHER: 4 Nursing Ho	me 5 💢 Residence	8 Other (Spe	icity)			
숲	27. MANNER OF DEATH	28a. DATE OF INJUS		OF 28c. II	JURY AT	28d. DEŞCRIÐ	E HOW INJURY	CCURED		
	1 X Natural 5 Pending	(Month, Day, Yea	r) INJ		YES 2 NO					
B≺	2 Accident Investigation	20- DI 405 OS IN II	ITW As been down			004 4 0047104	1.00	D	/ D	
0	3 Suicide a Could not be	building, etc. (5	JRY — At home, farm, s Specify)	treet, sactory, os		City or Tow	(Street and Num vn, State)	per or nura	r riodie Number,	
COMPLETED										
7	29e. CERTIFIER (Check cale 1 X CERTIFYING PHYSICIAN	To the best of my kr	nowledge, death occurre	d at the time, da	te and place, and due	to the cause(a)	and manner as a	stated.		
Ž.	(Check only one) 2 MEDICAL EXAMINER: On								e(e) and manner as stated.	
8						inne, cots gita			(c) the manner of the control	
BE (296. SIGNATURE AND TITLE OF CERTIFIER	7 1 -	1	-	29c. LICENSE NUM	MER	29d. D	ATE SIGNE	ED (Month, Day, Year)	
	1/1/4	em.	Dus	20-	05745		>	Marci	h 26,1990	
5	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	00/10			Harc)	U 2011330	
		(
		809 Viers	Mill Roa	Rocky	ille. Mar	vland	20850			
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S S	IGNATURE							
	I MAR 27 '90 3	rina Davida	Andoll							

BALTIMORE, MARY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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HYS	his c	with	ked,
4G P	ter t	ath	mar
N	4: A	ar de	.00
ATTE	9	afte	28
DR A	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	Item
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / CE	DEPARTME RTIFICA	NT OF H TE OF	EALTH AND N	MENTAL HYGIEN REG. NO.	E		
	1. OECEOENT'S NAME (First, Middle, Last)	_					2. DATE OF DEATH MONTH DA	Y YI	3. T	TIME OF DEATH
	Dale Allen Teb	benkamp					03-23-90			м
			(In yrs. last	birthday) IF UN WRS.	DER 1 YEAR B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-17-50		BIRTHPLA Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. C	ITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY		
DIRECTOR	3 N. Homeland	Avenue		A	nnapo	olis		Anne	Arur	ndel
	10s. STATE 10b. COUNTY			10c. CITY, TOW	N OR LOCAT	ION			100	I. INSIDE CITY LIMITS?
5	MD Anne	Arundel		Annap	olis				жx	YES 2 NO
FUNERAL	10e. STREET AND NUMBER 3 N. Homeland	Avenue	·		100	21401		10g. CITIZEN		COUNTRY?
3	11. MARITAL STATUS	2. WAS DECEDENT EVER			13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		RACE -	American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		°		2 NO Specify	n, Puario Rican, etc.) :		Black, WI Specify:	White
	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DEC	EDENT'S USUA	OCCUPATIO	N et of weeking	16b. KIND OF BUS	SINESS/INDUS	TRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	e kind of work do Do NOT use retire		at or working				
	12	4	Sr.	Engi	neer		State	e of	Mary	land
COMPLET	17. FATHER'S NAME (First, Middle, Last)					200	ME (First, Middle, Maiden			
BE	Woodrow T. Teb	benkamp					ed L. Wel			
2	19s. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow			
٦	Susan Basil Te		3				nue, Anna			
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 💢 Cremation 3 □ Remove 4 □ Donation 5 □ Other (Specify)	al from State	other plac	Crem		netery, cremetory or		cation—cin ltimo:		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /			22. NAME AL	D ADDRESS OF FA	CILITY			
	Dott I al	1 L.					neral Hon Ave. Anna			ID 21401
	23. PART i. Enter the diseases, or cor	mplications that cause	ed the dea							Approximate
	shock, or heart failure. Lie						·	•		Interval Between Onset and Deeth
	IMMEDIATE CAUSE (Finsl disease or condition		Mad	liauni	at 1	ymph	CULLA			2/2 41/5
ł	resulting in deeth) s.	DUE TO (OR AS								7277
-										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEO	UENCE OF):					-	
<u> </u>	cause. Enter UNDERLYING									
Ĕ	CAUSE (Diseese or injury thet initiated events	OUE TO (OR AS	A CONSEO	UENCE OF):						
	resulting in desth) LAST									
ᄗ	PART II. Other significent conditions	contributing to death	but not re	esuiting in the	underlyin	g cause given in	Part i. 24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
정		•					PERFO	RMED?	AW	AILABLE PRIOR TO IMPLETION DF CAUSE
MEDICA							1 TYES 2	l No		DEATH?
Σ							—		11	YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL.				26. PI	ACE OF DEATH (Ch	eck only one)			
	EXAMINER?	HOSPITAL:	doublest 3		IER:	- /				
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY		28b. TIME OF	28c. IN.		8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCU!	RED	
	1 Natural 5 Pending	(Month, Day, Year)		INJURY		PRK? YES 2 NO				
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUF	Y — At hor	me, farm, street,	fectory, offic	•	28f. LOCATION (Street		Rural Rout	e Number,
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp	ecify)		-		City or Town, State,			
	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my kno	wiedge, der	oth occurred at t	he time, date	and place, and due	to the cause(s) and ma	nner as atated.		
S	one) 2 MEDICAL EXAMINER:									nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	- 2				29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Me	onth, Day, Year)
B		louille	10			0198		•	3/23	190
0			_						1	1

32 REGISTRAR'S SIGNATURE
Julia Davidson Rendelle

31. DATE FILED (Month, Day, Year)
MAR 2 6 1990

Stuart E. Selonicu, W.D.

the burial-transit permit. Pages 1, 2, 3 should

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Dr.

31. DATE FILED (MONTH), Day, Year) 90

Charles Judge,

	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR	TMENT 0	HEALTH F DEA	AND M	IENTAL	HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First,	Middle, Last)			11	.::				DF DEATH			3. TIM	E DF DEAT	1
	George			Thornto	n			М	MONTH arch	_	, 1990	YEAR	17	30	М
	4. SOCIAL SECURITY NUMBI	ER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1 YE	IF UNDER	_	7. DATE C	OF BIRTH	and and had	s. BIRT	HPLACE	(State or For	eign
1	577-20-5644		1 M 2 □ F	69	YRS.	MONTHS DA	** HOURS	MIN.		Dey, Year) 28.192	n	JACL		ron.D	r
	9a. FACILITY NAME (If not ins	stitution, gįve s	treet and number)			9b. CITY, TO	N OR LOCATI			0,132		NTY OF		UIL	
DIRECTOR	Calvert Me	moria.	l Hospita	al 		Princ	e Fred	erick			Ca	lver	t		
EC	10a. STATE	10b. COUNTY	r	-	10c. CIT	Y, TOWN DR L	CATION						10d. IN	ISIOE CITY	
뜻	MARYLAND	ST. M	ARY'S		HO	LLYWOO)							MITS?	NO.
	10e. STREET AND NUMBER	J1. III	MICI 3		1 110	LLIMOO	10f. ZIP COD	F			10m CIT	IZEN OF	WHAT CO		10
FUNERAL	111111111111111111111111111111111111111	1221	n				2063				10,11011	US			
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F	1 Never Married 2 X	Married	12. WAS DECEDEN FDRCES? 1		ND	If ye	, specify Cubi	ın, Mexican,	Puarto R		or No-	Blac	ck, White		п,
B	3 Widowed 4 Divor		IF YES, GIVE V	WAR DR DATES		1 🗆	YES 2 X NO	Specify:				Spe	WH.	ITF	
ED	15. DECE	EDENT'S EOU		16a Di	CEDENT'S	USUAL OCCU	ATION	-	16b	KIND OF BUS	INESS/IN				
	(Specify only	highest grade	completed)	(0		work done durin		ng	100	KIND OF BOO	MEGGANA	DOGINI			
COMPLET	Elementary/Secondary (0- 12TH GRADE	-12)	College (1-4 or 5		O ME	CHANIC			10	AUTO I	NDHC	TDV			
Ž	17. FATHER'S NAME (First, Mi	Iddle Leet		AUI	U ME	CHANIC	40 1107	UFO O NATE	_			IKI			
႘			NTON				16. MO1			liddle, Maiden					
BE	WILLIAM	THOR	NIUN							DILLON					
2	19a. INFORMANT'S NAME (7)			19	b. MAILING	ADDRESS (St									
	MAE THORNTON				RT. 1		1221-D		<u>LYW</u>	00D, M	D 2	0636)		
	20a. METHOD DF DISPOSITI		oval from State	20b. PLACE other p	OF DISPO	SITION (Name	f cemetery, crei	matory or		20c. LO	CATION -	City or 1	Town, Sta	ta	
	4 Donation 5 Other	(Specify)		MARYL	AND	VETERA	NS CEM	ETERY		CHE	LTEN	HAM,	MAR	YLAND	
	21. MONATURE OF FUNERAL	SERVICELIC	CENSEE.												
		111 1 2	775	//		22. NAN	E AND ADDRE	SS OF FACI	ILITY TI	AF HIIN	TT F	INF	AI I	HOME	TNC
	▶ ∪ ∪	// K	BONG	en Az	-				11	HE HUN					
	32 PASM 2014 414 414	W K	Bloke	ent		P.0	вох	156 W	II ALD(ORD, MA	RYLA	ND 2	2060	4-015	6
-	23. PARM. Efiter the di- ehock, or he	sesses, or depart fellure.	Bloke	at caused the duse on each line	eath. Do	P.0	вох	156 W	II ALD(ORD, MA	RYLA	ND 2	2060		6 te
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	ehock, or he	ert fellure.	Complications the	ot caused the duse on each lin	tat	P.0	вох	156 W	II VALD(es card	ORD, MA	RYLA	ND 2	2060 {	4-015 Approxima	6 te
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TION	ehock, or he IMMEDIATE CAUSE (Fin diseese or condition resulting in death) Sequentisily list conditi if any, leading to immed	ons, diete	complications the List only one cet a. OUE TO b.	provide the	tat couence o	P.0 not enter the	BOX mode of dy	156 W	II VALD(es card	ORD, MA	RYLA	ND 2	2060 {	4-015 Approxima	6 te
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BY PHYSICIAN: MEDICAL	ehock, or he IMMEDIATE CAUSE (Fin diseese or condition resulting in death) Sequentisily list conditi if any, leading to immed cause. Enter UNDERLY!! CAUSE (Diseese or Inju that initiated events resulting in death) LAS* PART II. Other significes 25. WAS CASE REFERREO TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 3	ons, diete NG ry T to condition	DUE TO B. DUE TO C. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month, I.) 28e. PLACE Of	O (OR AS A CONSE	COUENCE O	P.O not enter the	BOX mode of dy LLM Lying ceuse 8. PLACE OF 1 Home 5 R INJURY AT WORK? YES 2	given in P	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	ND 2 Trest,	Ib. WERE AMAILA COMPL OF DE 1	AUTOPSY FINE PRIOR DE CATHY	tte tween Deeth Plants Representation Repre
BY PHYSICIAN: MEDICAL	ehock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentisily list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in death) LAS: PART II. Other significes 25. WAS CASE REFERRED TO EXAMINER? 1	ons, diete NG ry T D MEOICAL Pending Investigation Could not be determined	DUE TO B. DUE TO C. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE Of building	OF INJURY — At h, etc. (Specify)	COUENCE O	P.O not enter the	BOX mode of dy which is a second of the sec	given in P	Part I. Cak only one 28d. DES	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	ND 2 Trest,	Ib. WERE AMAILA COMPL OF DE 1	AUTOPSY FINE PRIOR DE CATHY	tte tween Deeth Plants Representation Repre
BY PHYSICIAN: MEDICAL	ehock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentisily list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in death) LAS: PART II. Other significes 25. WAS CASE REFERRED TO EXAMINER? 1	Ons, diete NG ry T	DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. PLACE (building)	OR AS A CONSE O (OR AS	COUENCE O	P.O. not enter the	BOX mode of dy which is a second of the sec	given in P	Part I. Cock only one 28d. DES 28f. LOCA	24a. WAS AN PERFOR 1 YES 2 ATION (Street I or Town, State)	AUTOPSY MED?	ND 2 rest,	Ib. WERE AVAILACOMPD DF DE.	AUTOPSY FILIBLE PRIOR LETION DE CATHE	NDINGS TO AUSE
BY PHYSICIAN: MEDICAL	ehock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentisily list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in death) LAS: PART II. Other significes 25. WAS CASE REFERRED TO EXAMINER? 1	Ons, diete NG ry T	DUE TO B. DUE TO C. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE Of building	OR AS A CONSE O (OR AS	COUENCE O	P.O. not enter the	BOX mode of dy which is a second of the sec	given in P	Part I. Cock only one 28d. DES 28f. LOCA	24a. WAS AN PERFOR 1 YES 2 ATION (Street I or Town, State)	AUTOPSY MED?	ND 2 rest,	Ib. WERE AVAILACOMPD DF DE.	AUTOPSY FILIBLE PRIOR LETION DE CATHE	NDINGS TO AUSE
PHYSICIAN: MEDICAL	ehock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentisily list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in death) LAS: PART II. Other significes 25. WAS CASE REFERRED TO EXAMINER? 1	ons, diete NG ry T	DUE TO OR AS A CONSE O (OR AS	COUENCE O	P.O. not enter the	BOX mode of dy white the second seco	given in P	Part I. Cak only on Caky on their cause of the cause of	24a. WAS AN PERFOR 1 YES 2 ATION (Street I or Town, State)	AUTOPSY MED? I NO NJURY OC and Number and due to feel due to f	Trest,	Ib. WERE AMAILA COMPLETE IN THE INTERPRETATION OF DE IT IN THE INTERPRETATION OF THE INT	AUTOPSY FILIBLE PRIOR LETION DE CATHE	NDINGS TO AUSE	

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Prince Frederick, MD

of the burial-transit permit.		
一位学を指揮を	123	The state of the s
r, page 5 should		to be seedling
completely filled in by the funeral directo	val.	shows any latter or other desirently arent the madical avenues to the
filled in by t	on, or remov	he madian
completely filled	urial, crematio	to come of
	prior to but	Mountain a
e attending physician and	ntal Hygiene	v or othe
ined by the	. of Health and Mental Hygin	min and
peen sig.	of Hea	chouse

BALTIMORE, MARY A Jury after death. Page 6 may be remort

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FINKEAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema iMPORTANT: It liem 28 is marked, or liem 23 shows any Injury, or other traumatic event,

									50 1013		
	1 - FOR STATE REGISTRAR	STATE OF MARYLA			OF HEALTH		MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	V VE	3. TIME OF DEATH		
	NATHAN Lee Tut	en					MARCH 17	9ď ^E	9:10AM		
			yrs. lest birthday)	IF UNDER 1			7. DATE OF BIRTN (Month, Day, Year)	8. B	HRTNPLACE (State or Foreign ountry)		
	238-28-7474	1 XM 2 □ F 66	YAS.	MONTHS	DAYS HOURS	MIN.	03/05/24		ountsCreek,		
	9e. FACILITY NAME (If not institution, give stre	· ·		9b. CITY, 1	OWN OR LOCATIO	N OF DE	ATN	9c. COUNTY			
DIRECTOR	PRINCE GEORGE'S	Hospital Cer	ter	Ch	CHEVERLY			PRINCE GEORGE'S			
Ä	10e. STATE 10b. COUNTY		10c. CI	Y, TOWN OR	LOCATION				10d. INSIDE CITY LIMITS?		
	Maryland Prince	George's	C	ollege	Park				1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
E	4711 Berwyn Hous	e Road			2074	40		υ.	S.A.		
5		12. WAS DECEDENT EVER IN I					IIC ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indian, Black, White, etc.		
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT			YES 2 X NO	Specify	n, Puerto Rican, stc.)		Specify:		
									Black		
I	15. DECEDENT'S EDUCA (Specify only highest grade of	omplated)	(Give kind of	work done du	CUPATION ring most of working	,	16b. KIND OF BUS	SINESS/INDUSTR	₹Y		
쁘	Elementary/Secondary (0-12)	NONE	Maint		e Man		Door	Field	Anto		
MP	Ů	HOITE	Widill	Cilaii					Apts.		
BE COMPLETED	17. FATNER'S NAME (First, Middle, Lest) Not Available				16. MOTH		ME (First, Middle, Maiden Chel No	_{Sumame)} t Availa	abla		
8											
2	19a. INFORMANT'S NAME (Type/Print) Patsy E. Tuten						Route Number, City or Tow				
								_	k, Md 20740		
	20s. METHOD OF DISPOSITION 1 Disposition 3 Telegraphy from State other place) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)										
	4 Donation of Other (Specify)	n M	aryland					urel, l	Maryland		
	21. SIGNATURE OF TIMESON, SERVICE GG	71 /			ME AND ADDRESS		's Sons Fu	neral I	Home PA		
	Marc /cl	12015	_						le, MD 20781		
	23. PART I. Erker the diseases, or co	mplications that caused	tha death. Do	not antar t	ha moda of dyin	ıg, suc	h as cardiac or reapi	ratory arreat,	Approximata		
	shock, or heart fallura. Li IMMEDIATE CAUSE (Final	ALLO PERMIT							Interval Batween		
	disasse or condition	Advanced	Inver	NO	Proceede	2,0	Chranno	na			
		DUE TO (OR AS A C	ONGEQUENCE C	NP):					- 		
2	metactasis in Bones and Pelvis.										
<u></u>	Sequantially list conditions, If any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE C	F):							
CERTIFICATION	cause. Entar UNDERLYING	Hyperta	usive	Hu	urt Dis	eus	50		ļ		
Ĕ	CAUSE (Diseasa or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE	PF):	1 0	^	LingDi				
	reaulting in death) LAST	severe 1	mon:	c or	struct	ine	CongDi	Seule			
- 1	PART II. Other significant conditions	contributing to death but	t not moulting	In the read	actular course of	here le	Bank Law Was av				
PHYSICIAN: MEDICAL	Ollow to ER A	hotre chi		60	rofition	A	Part i. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO		
ă	O CONSTRUCTO	Palach	- One		1 11 meire	1	1 TYES 2	□ NO	COMPLETION OF CAUSE DF DEATH?		
Z	De Ourrent	Eppractor	y Ke	3.CTM	7 unna	-	Let		1 TYES 2 NO		
ÿ	Inflym (3)	Memia	due t	O ISM	emarr						
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DE	ATH (Ch	eck only one)				
YSI	1 TYES 2 DE NO	1 npstient 2 - ER/Outpat	lient 3 DOA		ng Home 5 🗆 Res	idenca	6 Other (Specify)				
표	27. MANNER OF DEATN	(Month, Day, Year)	26b. TII	AE OF 2 JURY 2	8c. INJURY AT WORK?	MA)	26d. DESCRIBE HOW I	NJURY OCCURE	D		
B	1 Natural 5 Pending 2 Accident Investigation	NA		VAM	1 YES 2	NO	\sim	1			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specif)	At home, farm,	street, factor	y, office		261. LOCATION (Street & City or Town, State)	and Number or Re	ıral Route Number,		
COMPLETED	4 Nomicide determined		NH					IA.			
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the bast of my knowled	dge, death occur	red at the tim	e, date end plece,	and due	to the cause(s) and mar	ner as stated.			
8		On the basis of examination							use(e) end menner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	Δ	14	- 01.	29c. LICE	NSE NUR	MBER	29d. OATE SIG	RNEO (Month, Day, Year)		
BE	Skudh	2' MD "	Umair	91174	1144D=	1/2			cu 17.1990		
임	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CHICE OF DEAT		- 1 -	-0	-1-	00				

296. SIGNATURE AND TITLE OF CERTIFIER

SULLY

""" Altending Physician D2120 28d. OATE SIGNEO (Month, Day, Year)

Myrcu 17.1996 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dy SHRIVIVAR R-UDAPE, 6005 Landover Rel, CHEUFRLY, MO) 2048. 31. DATE FILED (Month, Day, Year)
MAR: 19 90 Felia Davidoon

DHMN-16 Rev 1/89

mit. Pages 1, 2, 3 should

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and the same of		once.
2		Ħ
30000	Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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		aumatic event, the medical examiner m
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23	Dept	23

	FOR STATE OF	MARYLAND / DI	EPARTMEN	IT OF HI	EALTH AND I	MENTAL HYGIEN	E		
_	REGISTRAR	CER	RTIFICAT	E OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY Y	3. T	IME OF DEATH
	MARVIN E. TERWILL					March 22	-		M
	4, SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last bir	rthday) IF UNDE	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLAC Country)	CE (State or Foreign
	220-16-7723 1 ■ M 2 □ F	63	YRS.	J	moons win.	Feb.27,]	927 M	[ary]	land
	9a. FACILITY NAME (If not institution, give street and number)		9b. CIT	TY, TOWN OF	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
5	Anne Arundel Medical		Annapolis			Anne	Arı	undel	
ן נ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1,	IOc. CITY, TOWN	OR LOCATE	ON			104	. INSIDE CITY
DIRECTOR	Maryland Anne Arun							-	LIMITS?
	100. STREET AND NUMBER	del 1	nar	wood	ZIP COOE		10g. CITIZEN		44
FUNERAL	3706 Hardesty Road				20776		U.S		
2	11. MARITAL STATUS 12. WAS DECEDE	NT EVER IN U.S. ARMEI	D 13			NC ORIGIN? (Specify Ya		RACE -	American Indian.
	1 Never Married 2 Married FORCES?	1 YES 2 NO			city Cuban, Mexica 2 NO Specifi	n, Puerto Rican, atc.)		Black, Wh Specify:	ilta, etc.
2	3 Wildowed 4 Divorced W W	II	-					Whit	e
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEE	DENT'S USUAL of kind of work done NOT use retired.	OCCUPATION o during mos	N it of working	16b. KIND OF BU	SINESS/INDUS	TRY	
	Elamentary/Secondary (0-12) College (1-4 or 5	i+)							
COMPLEIED	12	El	ectri	<u>cian</u>			1 Ser	vice	
3	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden	Sumame)		
4	Clarence Terwilliger					t Smith			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox			
	Dorothy C. Terwilli				sty Roa	d. Harwe	CATION CIN		
	20a, METHOD OF OISPOSITION 1 ABurlai 2 Cremetion 3 Removal from State	other place)	d						
- 1	4 Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSES	- KUIII	crest	Ceme	D ADDRESS OF FA	CILITY	nnapo	115	MD
	W. 00 17	//				ral Chap			1401
	renact & Justo	2				ter St.,			MD
	23. PART i. Enter the diseases, or complications the shock, or heart failure. List only one cannot be seen as a second sec	at caused the death nuse on each line.	h. Do not ente	er the mod	de of dying, suc	h as cardiec or reap	iretory arrea	t,	Approximete Interval Between
- 1	IMMEDIATE CAUSE (Final		0		1				Onset and Deeth
	disease or condition		1 . 1/	2 11	0 0			- 1	and the first section of the first
	disease or condition resulting in deeth)	relig		au	est				
	resulting in deeth) e.	O (OR AS A CONSEQUE		au	est				
20	resulting in deeth) e. DUE T Sequentially list conditions,	O (OR AS A CONSEQUE O (OR AS A CONSEQUE O (OR AS A CONSEQUE	ENCE OF):	au	est				
AIION	resulting in deeth) e	y o ca	ENCE OF):	au of	est				
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	y o ca	ENCE OF): ENCE OF):	au of	est)				
FAIIFICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	O (ON AS A CONSEQUE	ENCE OF): ENCE OF):	au y	est)				
5	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	O (OR AS A CONSEQUE	ENCE OF):	ef,)	Part i. 24a, WAS Al	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
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DHMH-16 Rev 1/89

permit, Pages 1, 2, 3 should

for use as the burial-transit

2	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the man account age 5 should be detach		MPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 1	HEF	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene pnor to Dunal, cremation, or removal,	ORT
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH a NINA ENLOE TROUTMAN 26 1990 March 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE HOURA 1 M 2 V F YRS. 185-10-3727 A Sept.13, 1897 Georgia 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Annapolis Convalescent Center Annapolis Anne Arundel 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? TXXYES 2 NO Maryland
100. STREET AND NUMBER Anne Arundel <u>Annapolis</u> FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A 1004 Primrose Road 21403 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. FUNCES? 1 YES 2 NO 1 Never Married 2 Married 1 TYES 2 7 NO Specify: Specify: BY 3 Wildowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest gra (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Clerk-Typist Civil Service 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thaddeus BE Enloe Caroline Carpenter 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Doris Troutman 004 Primrose Road, Annapolis, MD 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Oonation 5 Other Specify) Lakemont Cemetery Davidsonville, MD 21. SIGNATURE OF AL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel a or 147 Gloucester St., Annapolis MD 21401 23. PART I Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition 6-12 W reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Generalized CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algrificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 [] YES 2 [].NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 4 William 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA raing Home 5 - Rasiderica 8 - Other (Specify) 28c. INJURY AT WORK? 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Hatural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🗌 Suicida 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 16 2 30. NAME AND ADDRESS WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

31. OATE FILED (Month, Day, Year) / MAR 26 '90

		rst, Middle, Leet) RFRT DAI	NIEL TAYL	OR				DEAT		PEG. 2. DATE OF DEATH MONTH MARCH 1		90 ^{YEAR}	3. TIME OF DEATN 11:00
	4. SOCIAL SECURITY NUI		-		yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	_	7. DATE OF BIRTH		_	NPLACE (State or Foreign
	224-22-294			65	YRS.	MONTHS	DAYS	Noune	MIN.	(Month, Day, Yea 09 03	24	Coun	nirginia
OR	9a. FACILITY NAME (# not Malcolm (96. COUNTY OF DEATH Camp Springs 96. COUNTY OF DEATH Prince Geor							
5	RESIDENCE OF DE	10b. COUNTY									1		
DIRECTOR	Maryland	Arundel			10c. CITY, TOWN OR LOCATION Lothian				LIMITS?		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
AL	10e. STREET AND NUMBE	ER					101	. ZIP CODE			10g. C	ITIZEN OF	WNAT COUNTRY?
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BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Di	-	12. WAS DECEOENT FORCES? 16 IF YES, GIVE WA 1944-1	YES OR DATE	J.S. ARMED 2 NO ES	1	f yes, spe	ENDENT OF	, Mexican	C ORIGIN? (Specify , Puerto Rican, atc.	y Yea or No—	Spec	E — American Indian, ck, White, atc. city: Casian
ETED		ECEDENT'S EDUC only highest grade ((0-12)			6a. DECEDENT'S (Give kind of life. Do NOT u	work done of	during mo	ON at of working	7	16b. KIND OF	BUSINESS/II	NDUSTRY	
OMPL	12 17. FATHER'S NAME (First,	Middle Last	2+		Bail B	ond (Comm			Circu			
S O	Daniel Hoke							16. MOTN		ie P. Wo			
m (m)	19a. INFORMANT'S NAME				19b. MAILING	ADDRESS	(Street a	nd Number		oute Number, City or			
2	Mable E.				Same	as	10 A	-F					
st be	20a METHOD OF DISPOS 1 Burial 2 Crema	SITION BITION BEING	val from State	20b. F	LACE OF DISPO	SITION (Na	me of cen	netery, crem	atory or	200	LOCATION -	City or T	own, Stata
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medical exa	pria	nne	e pa	les		60	633	Old Z	Alexa	ander Fe	rry Ro	d Cli	inton, Md
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If item 28 is marked, or item 23 shows any injury, or other traumatic en MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in deeth) Li PART II. Other aignifit 25. WAS CASE REFERRED EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATN 1 XN Natural 5 Accident 3 Suicide 6 4 Nomicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	DUE TO (DUE	(OR AS A C	ent 3 DOA 28b. Tili	OTHER 4 Num BE OF JURY M street, fact	26. Pt R: sing Nom 28c. INJ WO 1 Ory, office	LACE OF DE	EATN (Che	ck only one) 6 Other (Specify) 28d. DESCRIBE No. 28f. LOCATION (St. City or Town, St.	OW INJURY Correct and Numbers	DOCCURED ber or Rural	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
TANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic en COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in deeth) Li PART II. Other aignifit 25. WAS CASE REFERRED EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATN 1 XN Natural 5 Accident 3 Suicide 6 4 Nomicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined Personal Pending Investigation Could not be determined Pending Pending Investigation Could not be determined Pending Physics Pending Investigation Could not be determined Pending Physics Pending Physics Pending Investigation Pending Inv	DUE TO (DUE	(OR AS A C	ent 3 DOA 28b. Tili	OTHER 4 Num BE OF JURY M street, fact	26. Pt R: sing Nom 28c. INJ WO 1 Ory, office	LACE OF DE	EATN (Che sidence] NO and due	PEI 1 YE 1 VE 1 V	RFORMEO? S 2 X NO OW INJURY Correct and Numl State) I manner as a	DOCCURED ber or Rural	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,
IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic en BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leeding to immicause. Enter UNDERI CAUSE. (Disease or in the initiated events resulting in deeth) Lipid Cause. (Disease or in the initiated events resulting in deeth) Lipid Cause of the initiated events resulting in deeth) Lipid Cause of the initiated events resulting in deeth Lipid Cause of the initiated events and initiated events are initiated events. (Disease of the initiated events are initiated events are initiated events are initiated events. (Disease of the initiated events are initiated events are initiated events are initiated events.) 25. WAS CASE REFERRED EXAMINETED INITIATED IN	Pending Investigation Could not be determined Personal Pending Investigation Could not be determined Pending Pending Investigation Could not be determined Pending Physics Pending Investigation Could not be determined Pending Physics Pending Physics Pending Investigation Pending Inv	DUE TO (DUE	(OR AS A C	ent 3 DOA 28b. Tili	OTHER 4 Num BE OF JURY M street, fact	26. Pt R: sing Nom 28c. INJ WO 1 Ory, office	LACE OF DE S Reilury AT PRK? YES 2 a and place,	EATN (Che sidence] NO and due	PEI 1 YE 1 VE 1 V	OW INJURY Correct and Numbers and Numbers and due to 29d. 0	DOCCURED ber or Rural stated. the cause	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number, (a) and manner as state
TANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic en COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leeding to immicause. Enter UNDERI CAUSE. (Disease or in the initiated events resulting in deeth) Lipid Cause. (Disease or in the initiated events resulting in deeth) Lipid Cause of the initiated events resulting in deeth) Lipid Cause of the initiated events resulting in deeth Lipid Cause of the initiated events and initiated events are initiated events. (Disease of the initiated events are initiated events are initiated events are initiated events. (Disease of the initiated events are initiated events are initiated events are initiated events.) 25. WAS CASE REFERRED EXAMINETED INITIATED IN	Pending Investigation Could not be determined Period Perio	DUE TO (DUE	(OR AS A C	onsequence of consequence of consequ	OTHER A Nur RE OF JURY M street, fact	26. PL R: sling Nom 28c. INJ WO 1 tory, offic	LACE OF DE 16 16 16 16 16 16 16 16 16 16 16 16 16	EATN (Che sidence) NO and due ed at the NSE NUM	PEI 1 YE 1 VE 1 V	ow INJURY Control and Number and Number and State) If manner as a se, and due to the second	DOCCURED ber or Rural stated. the cause MARCH I CAL	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO Route Number, (a) and manner as state 10 (Month, Day, Year) 17, 1990 CENTER

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or noun after death. Page 6 may be retained by the houpital or attending ph	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the bits either within 72 hours after death with the State Debt, or Health and Mental Hydriens prior to build, cremation, or removal.	MPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the predical examiner must be notified at once
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2	PX	×

	1 - FOR STATE REGISTRAR	STATE OF MARY		PARTMENT			MENTAI	HYGIEN	_			
	1. DECEDENT'S NAME (First, MixXVII, Last)							OF DEATH		3.	TIME OF DEA	TH
- 1	Peggy J. T	regoe					Mare		200	PAR DO	1:00	AM
- 1	4. SOCIAL SECURITY NUMBER		E (in you last birth	day) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	-	BERTHPL	ACE (State or F	
	218-16-1173	1 🗆 m 5 💢 💢 k	66 YF	IS. NOWTHS	DAYS 1	HOURS MIN.	Sept	L. 22,	1923 1	faryl	and	
	Se. FACILITY NAME (If not institution, give str	set and number)		96. CITY	TOWN OR	LOCATION OF	DEATH		Se. COUNT	Y OF DEAT	H	
DIRECTOR	Greater Baltimore	Medical C	Medical Center Towson						Bal	Ltimo	re	
REC	10s. STATE 10s. COUNTY	1201401210000110001	10 c	CITY, TOWN C	M LOCATIO	IN .				10	d. INSIDE CIT LIMITS?	*
		timore		Re		rstown				1	YES 2	ND
FUNERAL	10s. STREET AND NUMBER 28 Cockeysmill	Pond			101, Z	TIP CODE	26		10g. CITIZE		T COUNTRY?	
岁	11. MARITAL STATUS		NAVA ABARRA	Ta		211				US		
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YE IF YES, GIVE WAR OR	IS 2X NO	77.79	If yes, speci	NDENT OF HISP Hy Cubin, Meet X NO Spe	icen, Puerto f		s or No-	Black, W Specify:	American ind Mile, etc. White	inn.
	15. DECEDENT'S EDUC	ATION	16a. DECEDE	HT'S USUAL O	CCUPATION	ligeroom and	168.	KIND OF BU	SINESS/INDUS		mine	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) High School Cottege (1-4 or 5+) Secretary Secretary											
ŝΙ	17. PATHER'S NAME (First, Middle, Lest)		and the same of the same		1	18. MOTHER'S	NAME (First, A	Alcidie, Marcher	Surname)			
	Rozell A. Coo	le				L	illiar	Trac	ev			
BE	The INFORMANT'S NAME (Type/Frint)		19b. MAI	LING ADDRESS	(Simer and	Number or Pun				odei		
2	Guy S. Tregoe Jr. 28 Cockeysmill Rd. Reisterstown, Md. 21136											
- 1	20a METHOD OF DISPOSITION AND BLACE OF DISPOSI											
- 1	1 X Surfail 2 Cremention 2 Removed from State 1 Donation 5 Other (Specify) Evergreen Memorial Gardens Finksburg, Md.											
- 1	21. SIGNATURE OF FUNERAL SERVICE LICK	INSEE	0	22.	NAME AND	ADDRESS OF	FACILITY	118	24 Rei	otor	otorm	D.A
- 1	K B	81		F7	Inc. 1	Funora	1 Home					
	m near 1 Enter the firm	Lu	ue			Funera.					-	
	23. PART I. Enter the diseases, or or shock, or heart fellure. L IMMEDIATE CAUSE (Final disease or condition	list only one cause on	each line.						eratory arres	et.	Approxim Interval 8 Onset an	Setween
-	resulting in death)	DUE TO (OR A)	AST CARC	INOMA	111	ros	141	ce		_	29	ra
- 1				10.70%							0	
CERTIFICATION	Sequentially list conditions,	DUE TO (OR A)	S A CONSEQUENC	DE OFI							<u> </u>	
4	if any, leading to immediate cause. Enter UNDERLYING	CONTRACTOR OF THE PARTY OF THE		20,000							1	
일	CAUSE (Disease or Injury & c	DUE TO (OR A)	S A CONSEQUEN	DE OFI							1	
ĒΙ	that initiated events resulting in death) LAST										1	
9											-	
	PART II. Other significant conditions	contributing to death	but not result	ing in the ur	derlying o	cause given	in Part I.	24s. WAS A		246. W	ERE AUTOPSY	PINONGS
5									AMED?		MILABLE PRIOR OMPLETION OF	
9								1 🗆 YES	S NO	0	P DEATH?	
Σ	6					_				- 1	YES 2	NO
۶I												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		CE OF DEATH	Check only or	ve)				
Y.S.	1 TYES 2 NO	1 Angetient 2 EN/O	Suspetient 3 [] De			S 🗆 Residenc	e 6 🗆 Othe	r (Specify)				
PHYSICIAN: MEDICAL	27. MANUER OF DEATH 1 Natural 5 Pending	(Month: Day: Nee		TIME OF INJURY	28c. INJUR WORK 1 YE	K7	28d. DES	сние ном	INJURY OCCU	RED		
B	Mosident Investigation	28s. PLACE OF INJU	IIV At home &	non about the		LI 110	701 100	ATTACAS (Thomas				
COMPLETED	3 Suicide & Could not be 4 Homicide determined	building, etc. (S	(pecify)	,,	tory, orman			or Reen, Stelle	and Number or	Pilaner Pross	se number.	
"	29a. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the best of an in-	onledos desti			ad other and a		and the second		_		
불	anai	ZAN: To the best of my kn										-
0	3 MEDICAL EXAMINES	man of common	mon arearer invest	gamon, at my o	garaon, des	an occured at 1	ine sime, data	and place, a	nd due to the	cense(s) s	nd menner as	mated.
ÖΙ	THE DESCRIPTION STORY OF THE PERSONS				- 13	29c. LICENSE N	et them in to		Table parmi	ninden is	- of a	
	296. SIGNATURE AND TITLE OF CERTIFIER	000 -0	10				TO MINISTER	1	290. 10412	SIGNED IM	forme Digit Moor	
TO BE C	Mou	Ms a	D			133	62	4	▶ 3	//=	19	0.

22. RECHISTRATE OF South

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, and a filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CEF	RIFIC	ATE OF	DEATH	REG. N	O.	
	1. DECEDENT'S NAME (First, Middle, Last)	Griffith	mine	low		2. DATE OF DEATH	DAY / O	O 11:28 19 M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs. last b		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	- / 7	8. BIRTNPLACE (State or Foreign
	215-01-6972 1x 42			THE DAYS	HOURS MIN.	(Month, Day, Year)	1910	Country) Maryland
	9a. FACILITY NAME (If not institution, give street and number		9b.	CITY, TOWN	OR LOCATION OF DE	ATN	9c. COU	NTY OF DEATN
FUNERAL DIRECTOR	Long View Nursing P	ome	Manchester Carre					rell
<u>n</u>	10s. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCA	TION			10d. INSIDE CITY
8	Maryland Carroll		Wes	stmin	ster			LIMITS?
91	10e. STREET AND NUMBER		1101		I. ZIP CODE		10g. CITI	IZEN OF WNAT COUNTRY?
VER/	1844 A Snydersburg	Rd.			21157			USA.
ا ج	11. MARITAL STATUS 12. WAS DECE	DENT EVER IN U.S. ARME 1 YES 2 NO	D		ENDENT OF NISPAN		Yes or No—	14. RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married IF YES, GI 3 Wildowed 4 Divorced	E WAR OR DATES			NO Specify			Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give	kind of work	IAL OCCUPATI	ON ost of working	16b. KIND OF	JUSINESS/INC	DUSTRY
9	Elementary/Secondary (0-12) College (1-4 c	r 5+) life. D	o NOT use ret					
₹	9			Pel	iceman			cement
8	17. FATHER'S NAME (First, Middle, Last)		_		16. MOTHER'S NAI	WE (First, Middle, Maid	en Surname)	
H		m T. Tin				abeth D		
2	19a, INFORMANT'S NAME (Type/Print)				and Number or Rural F			
	Helen V. Tinsley 20a, METNOD OF DISPOSITION		I St	Mai	KS WAY.	Westmi	nster	City or Town, State
	100 METHOD OF DISPOSITION 100 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ofher place	9)					Lstown, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	7.	PIO	22. NAME A	ND ADDRESS OF FAC	SILTY ILLE	HUGIL	Lacowii. Md.
	A. Lany High	mark				Eckha	rdt F	uneral Chapel
	23. PART i. Enter the disesses, or complications	that caused the deat	h. Do not a	entar tha me	ods of dying, auci	as cardiac or re	piratory an	rest, Approximata
	shock, or heart failure. List only ona	cause on asch lina.						intarvai Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition	Asb:	lo.	in !	2			3 da
	resulting in death) a	TO (OR AS A CONSEQU						1
Z	Sequentially list conditions,			COP	9			5-juas
Ĕ	If sny, leeding to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEQU	ENCE OF):					
일	CAUSE (Disesse or injury	TO (OR AS A CONSEQU	ENCE OF					
EDICAL CERTIFICATION	that initiated events resulting in death) LAST							
핑	d							
A	PART II. Other significant conditions contributing	g to deeth but not rea	ulting in ti	he underlyin	g ceuse given in	Part i. 24a. WAS PERI	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음						1 YES	2 110	COMPLETION OF CAUSE OF DEATH?
ME						_ ´		1 □ YES 2
ž								
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATN (Ch	ock only one)		
SIC	IIIOSFIIAI	2 ER/Outpatient 3 E	DOA A	Nursing No	ne 5 🗆 Rasidance	8 Other (Specify)		
PHYSICIAN:	(Moi	E OF INJURY th, Day, Year)	28b. TIME OF		JURY AT ORK?	28d, DEȘCRIBE NO	W INJURY OC	CURED
BY	1 Nettral 5 Pending ,				YES 2 NO			
	3 Suloide 28a PLA	CE OF INJURY — At home ling, etc. (Specify)	e, farm, stree	et, factory, offi	0.0	281. LOCATION (Stre City or Town, St	et and Numbe ate)	v or Rural Route Number,
4					- 270m - W.C. 35			
COMPLETED	(Check only one) 200. CERTIFIER 1 OERTIFYING PHYSICIAN: To the be							
	29b. SIGNATURE AND TITLE OF CERTIFIER		_		29c. LICENSE NUI	MBER	29d. DAT	TE SIGNED (Month, Day, Year)
H	1				The state of the s	165	>	2/12/80
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM	27) (Type, Pri	nt)				
	Hever Stocker		4111	amore	r Pibe	6 am	forte.	12012 pm 7
	31. DATE FILED (Month, Day, Year) 32. REGI	HAR'S SIGNATURE	Mandel	2			9	

BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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COF	ulres th	signed Health	DWS an
LRE	aw rec	has beer Dept. of	23 sh
VITA	JAN: Th	rtificate re State	or Item
OF	PHYSIC	this ce	arked,
NOIS	ENDING	OR: After ther death	8 Is m
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATT	DIRECTI hours at	Item 2
	OSPITAL	UNERAL Ithin 72	NAT: IF
	TO THE H	TO THE FI	IMPORT/

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTI			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) Viola J. Turne:	r			~	2. DATE OF OBATH 03-17-9	o -	3. TIME OF DEATH	
	188-05-7137	M 2 MG 82	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	P	ennsylvania	
TOR	Knollwood Manor				rsville	/	Anne	Arundel	
DIRECTOR	10e, BTATE 109, COUNTY	Arunch	1 -	RILLS	WN OR LOCATION ILLS			10d. INSIDE CITY LIMITS? 1 YES 2 1	
FUNERAL	2166 Old D airy			101.	21054			USA	
B	1 News Married 2 Married	Never Married 2 Married FORCES? 1 YES 2 ZINO IF YES, GIVE WAR OR DATES			ENDERT OF HISPAN city Cuban, Mexica 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify		
COMPLETED			6a. DECEDENT'S US (Give kind of worn life. Do NOT use of House	k done during mos etired.)	N It of working	166. KIND OF BU	useho.		
COMF	10 17. FATHER'S NAME (First, Middle, Last) William B. Ga	rvine	nouse	SWILE		ME (First, Middle, Maiden May Urey	Surneme)	LG	
TO BE	196. INFORMANT'S NAME (Type/Print) Melvin E. Turner 196. Malling Address (Street and Number or Rural Route Number, City or To 2166 Old Dairy Farm Road					Route Number, City or Tow	n, State, Zip Coo		
	1								
	Date Date	all L			-	heral Ho Avenue,			
	23. PART I. Enter the disesses, or comshock, or heert feilure. List IMMEDIATE CAUSE (Final disesse or condition resulting in death)	Renal	the deeth. Do not the line.	enter the mo	de of dying, suc	h as cardiac or reep	iratory srrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
MEDICAL	PART II. Other aignificant conditions of	ontributing to deeth but	t not resulting in	the underlying	, ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:		OSPITAL:		OTHER:	ACE OF DEATH (CA	G 25 FFFFF			
	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
TED BY	2 Accident unvestigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY – building, atc. (Specify	- At home, farm, str	eet, factory, offic					
COMPLETED	one)	t: To the best of my knowler in the basis of examination						suse(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	carl de	arcas	20	29c. LICENSE NU	MBER 16668	29d. DATE SI	GNED/(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	TH (ITEM 27) (7)00, P	Print)			/		
	31. DATE FILEO (Mon MO) Per 2 () 190	32. REGISTANAS SIGNA	THE POROLOGIC						

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
/ISION	ATTENDING
5	OR
	SPITAL

	1 - FOR STATE 0			MENT OF H		IENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) ERNEST ETICENE	THOMAS				2. DATE OF DEATH MONTH 3/ 12/	90 YE	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 5. SEX 5. 77 32 2952 9. FACILITY NAME (If not Institution, give street end number	8. AGE (In yrs. 63		IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Oct. 23,1	926 F	IRTHPLACE (State or Foreign ountry) lorida	
E S	Doctor's Hospital RESIDENCE OF DECEDENT				Maryland		Prince	George's	
DIRECTO	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Virginia Lancaster		_	town or Locat	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	10e. STREET AND NUMBER Route 2 Box 1126 B	·		10f.	. ZIP CODE 22503			OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECES? 1 FYES, GI	DENT EVER IN U.S. 1 X YES 2 VE WAR OR DATES	NO	If yes, spe			or No- 14. I	TACE — American Indian, Black, White, etc.	
ETED 8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			USUAL OCCUPATION ork done during most retired.)		NO 166. KIND OF BU		White	
COMPLE	Elementary/Secondary (0-12) College (1-4 2	or 5+)	Carto	grapher			overnme	ent	
	17. FATHER'S NAME (First, Middle, Last) Vernon Lacey Thomas				740 - 704	NE (First, Middle, Meiden			
O BE	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street e		Virginia Oute Number, City or Tow			
2	Mary Ann Thomas		Rt. 2	Box 112	26B Lanca	ster Va.	22503		
	20e. METHOD OF DISPOSITION 1	ematory or	Alexandria Va.						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall—Evans Funeral Home, P.A. 16000 Annapolis Road Bowie Maryland 2								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ETO (OR AS A COM	INE. SEOUENCE OF	1): my i 1):	EART PAT	PAICUR		Approximeta interval Between Onset end Dasti	
AN: MEDICAL	PART il. Other eignificant conditione contributin	g ceusa given in i	PERFORMED? AVAILABLE PR		~				
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO HOSPITAL 1 Vinpetient	.: 2 □ ER/Outpatien	it 3 🗆 DOA	OTHER:	LACE OF DEATH (Che				
ву РНУ		E OF INJURY ith, Day, Year)	28b. TIMI	URY WO	URY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURE	0	
ED	3 Suicide 28e. PLA	CE OF INJURY — A ding, etc. (Specify)	t home, farm, a	treet, factory, offic	•	281. LOCATION (Street City or Town, State		lural Route Number,	
OMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be							use(s) end menner ee stated.	
BE C	256. BIGMATURE AND TITLE OF CERTIFICATION	2			29c. LICENSE NUN			GNED (Month, Day, Year)	
TO BE COM	30. NAME AND ADDRESS OF PERSON-WHO COMPLETED	CAUSE OF DEATH	(ITEM 27) (Type,	MIC W	IRTH	AVE. P	IVERDI	ace, MD247	
	31. DATE FILED (Month, Day, Year) 32. REGI	STRAR'S SIGNATUR	n-Randa	00					

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certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		d or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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e	h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E
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	1 - FOR STATE OF M	ARYLAND / DEPA CERTII	RTMENT OF H		NTAL HYGIEN REG. NO.	E	50 1010.
	1. DECEDENT'S NAME (First, Middle, Last)		-	2.	DATE OF DEATH		3. TIME OF DEATH
1	Mary Lucille Tr		Ма	arch 19,	"1990 "	8:18 A. M	
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. lest birthday,	IF UNDER 1 YEAR	E HADED OF MIDE	DATE OF BIRTH		BIRTHPLACE (State or Foreign
	217_16_3528_ C1 1 M 2 🖫 F	MONTHS DAYS		(Month, Day, Year) in. 16, 1			
h	9a. FACILITY NAME (If not institution, give street and number)	_		R LOCATION OF DEATH		9c. COUNTY	
ğ	Fallston General Hospita	11	I.	allston		Haric	rd County
EC	10a. STATE 10b. COUNTY	10c. CI	TY, TOWN OR LOCAT	TOWN OR LOCATION			10d, INSIDE CITY
DIRECTOR	Maryland Harford Count						LIMITS? 1 ☐ YES 2-1 NO
FUNERAL	10e. STREET AND NUMBER		101	ZIP CODE			OF WHAT COUNTRY?
Ē	1011 Carrs Mill Road			21014		U.	S.A.
5	TOTAL	EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC C	ORIGIN? (Specify Yea	or No- 14.	RACE — American Indian, Black, White, atc.
BY	Never Married 2 Merried IF YES, GIVE WI	AR OR DATES		2 NO Specify:	ourio incari, etc./		Specify:
							White
Ī	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind o	S USUAL OCCUPATION Work done during mo	ON st of working	18b. KIND OF BUS	SINESS/INDUS	TRY
H	Elamentary/Secondary (0-12) College (1-4 or 5+)		use retired.)		Mana		
MP	-0-	None			None		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (
BE	George Washington T			Claud		ecca	Day
10	19a. INFORMANT'S NAME (Type/Print) Sister838_6			nd Number or Rural Route			
	Mrs. Jean Monks			11 Road, E			
	20a. METHOD OF DISPOSITION 1 ① Burls1 2 ① Cremation 3 ① Removal from State	20b. PLACE OF DISP	osition (Name of cer Memorial	netery, crematory or			y or Town, State
	4 Donation 5 Other (Specify)						laryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOS OPH	w. Foster		ID ADDRESS OF FACILITY			
	> Symplicialis trates		Bel A	st Broadwa	nd 21014	lams c	treet
	23. PART I. Enter the diseases, or complications that	ceused the desth. Do	not enter the mo	de of dying, auch a	a cerdlec or reep	iratory erree	t, Approximate
	ahock, or heert feliure. List only one ceus	se on each line.		A 6			Interval Between
		1	Λ	. 1		+	Onset and Death
	iMMEDIATE CAUSE (Fine) disease pr condition	moras in	lan ac	i dont	9 m	to.	Onset and Death
	disease pr condition a	(OR AS A CONSEQUENCE	lan ac	adout	, am	te	Onset and Death
NC	disease pr condition resulting in death) DUE TO	(OR AS A CONSEQUENCE	a aute	is don't	i card	te	Onset and Death
TION	disease or condition resulting in death) DUE TO (Sequentially list conditions, if any, leeding to immediate		a aute	is don't	, am	te invos	Onset and Death
ICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	OR AS A CONSEQUENCE	ante	is don't	i card	i was	Onset and Death
ITIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	(OR AS A CONSEQUENCE	ante	is don't	i card	i was	Onset and Death
SERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	OR AS A CONSEQUENCE	ante	is fe	i card	te invas.	Onset and Death
O	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	ante	is dent			24b. WERE AUTOPSY FINDINGS
O	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	ante	is Jest	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DO CAUSE
O	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	ante	in Jenter Je g couse given in Par		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH?
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O	disease pr condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	or) Leves g in the underlyin	g couse given in Par	PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH?
O	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to	AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE death but not resulting	or): or): g in the underlyin 26.Pi	.ACE OF OEATH (Check	PERFOI 1 YES 2 only one)	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH?
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PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to the ceuse of the conditions contributing to the ceuse of the ceuse o	OR AS A CONSEQUENCE OR AS A C	26. PI OTHER: 4 Nursing Hon INNURY W	ACE OF OEATH (Check	PERFOI 1 YES 2 only one) Other (Specify)	RMED? ≀ ₹ NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OBATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 CAUSE (Month, December 2)	(OR AS A CONSEQUENCE	OF): ACE OF OEATH (Check to 8 Residence 8 UNITY AT 28 VIEW 2 NO	PERFOI 1 YES 2 only one) Other (Specify)	INJURY OCCU	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF GEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 CAUSE (Month, December 2)	OR AS A CONSEQUENCE OR AS A C	OF): ACE OF OEATH (Check to 8 Residence 8 UNITY AT 28 VIEW 2 NO	PERFOI 1 VES 2 only one) Other (Specify) id. DESCRIBE HOW	INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF GEATH? 1 YES 2 NO	
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BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to the ceuse of the	(OR AS A CONSEQUENCE OF AS A CONSEQUENCE (OR AS A CONSEQUENCE (g in the underlyin 26. P OTHER: 4 Nursing Hon IME OF 28c. IN. NURY M 1 1, street, factory, offic tion, in my opinion, of	ACE OF OEATH (Check to 8 Residence 8 Res	PERFOI The results of the results o	and Number or and dus to the c	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DO CAUSE DF GEATH? 1 YES 2 NO
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the hospital or attending physician. LAND 21203-3146

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įį.	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
. ·	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY MONTH THE PER STATE OF DEATH THE PER STATE OF DE	5. 53 Pm
	212059243. 1 M 2 KF 86 YRS. MONTHS DAYS HOURS MIN. (Month, gay, Year) Country	A.
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA Pathimore ND. RESIDENCE OF DECEDENT	ITH
DIRECTOR	MD Battimore Contonsville MD	IOd. INSIDE CITY LIMITS? I YES 2 NO
FUNERAL	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WITH CONTROL OF WITH CO	AT COUNTRY?
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No — 14. RACE	- American Indian, White, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY	
COMPLETED	12 YRS. HOUSEWIFE 16. MOTHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)	
BE CO	PHILIP ISCHER UNKNOWN	
2	190. INFORMANT'S NAME (Type/Print). 190. MAILING ADDRESS (Street and Number or Rural Route Number, Six or Town, State, Zip Code) 76 92 BRIAR LANE PASADENA MI). 21/22
n	20a METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Tow PARKWOOD CEM. 20c. LOCATION — City or Tow PARKWOOD CEM.	
	21. SIGNATURE OF PINERAL BERTYCON CENSEE LEVEL SERVICENCE SERVICENCE SERVICENCE ST. SKARDA F.H. 2829 HUDSON ST.	
	23. PART i. Enter the diseases or complications that caused the death. Do not enter the mode of dying, euch as cerdiec or respiratory arrest, shock, or heert feliure. List only one cause on each line.	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Onset and Death
NO	Sequentially list conditions, DUE TO (OR AR A CONSEQUENCE OF): DUE TO (OR AR A CONSEQUENCE OF):	
ICATION	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury	
CERTIFIC	that initiated events recuiting in deeth) LAST d.	
PHYSICIAN: MEDICAL C	Tapled Demilie ulus Garrin 1 YES 2 NO	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOSDITAL OCCUPANION OF DEATH (Check only one)	
HYSIC	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence e Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	
BY	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide e Could not be (Month, Day, Year) INJURY WORK? 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)	oute Number,
COMPLETED	4 Homicide detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	
	One) 2MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s)	
TO BE	D17537 ► 3.14	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DEPARSHAN. S. SALVIA, 1600 MT Royal Aug Ballo	1217
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randelle	

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	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	mplete	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	-	-7-1		2. DATE OF OEATH MONTH DA	AY, YE	3. TIME OF DEATN			
	1300 Ker	/	119/19	7011	3	6 90				
		5. SEX 8. AGE (In yrs. 1) M 2 - F 80	VRS.	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give stre	- 00		ITY, TOWN OR LOCATION OF C	1 7 7 7 7	9c. COUNTY	DF DEATH			
<u>E</u>	P-0 Bay 72	0 1	ok	Recent	DAK	7	Chat			
6	RESIDENCE OF DECEDENT	110901 0		10901	SEN		11001			
DIRECTOR	10a. STATE 10b. COUNTY	-116	10c. CITY, TOW	N OR LOCATION	Oak		10d. INSIDE CITY LIMITS?			
2	10e, STREET AND NUMBER	AIBEL		101, ZIP COOE	Da II	I so- OFFITEN	1 TYES 2 NO			
FUNERAL	On Bal	70		21/	17	log. Citizen	C A			
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMEO	13. WAS DECENDENT OF NISP	ANIC ORIGIN? (Specify Ye	e or No.— 14. RACE — American Indien,				
	1 Never Merried 2 Merried	FORCES? 1 YES 2 FIF YES, GIVE WAR DR DATES		If yes, specify Cuban, Maxie 1 YES 2 ND Spec	can, Puarto Rican, atc.)		Black, White, etc. Specify:			
ВУ	3 Widowed 4 Divorced	WWII					BIN			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 18a.	DECEDENT'S USUA (Give kind of work do	OCCUPATION ne during most of working d.)	16b. KIND OF BU	SINESS/INOUS1	TRY			
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	1 - /							
N N	17. FATHER'S NAME (First, Middle, Last)		FUPO	16. MOTNER'S N	IAME (First, Middle, Maiden	Sumame)				
	Charles -	1/9/ MA	M	1,50	12		6 cm 25			
BE (19a. INFORMANT'S NAME (Type/Print)	-11	19b. MAILING ADDR	ESS (Street and Number or Rura	I Route Number, City or Tow	n, State, Zip Coo	de)			
2	Amelia 1	11/9 harda	P-5	BCX 12	- KOTOL	021	K 21662			
	20a, METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove	val from State 20b. PLAC	DE OF OISPOSITION	(Name of cemetery, crematory or	20c. LC	CATION — City	or Town, State			
	4 Donation 5 Other (Specify)		Kaja	1 Dar Con	W.		1 1			
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	2	22. NAME AND ADDRESS OF I	FACILITY	17	,			
	Clarge H	x as hull		319 DO	vor St	Tai	to ma			
	23. PART I. Enter the dispeces, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart fellure. Liet only one cause on each line. Approximate interval Between									
	Onset and Death									
i	disease or condition resulting in deeth)	. METAS	TATIC	IROSTHIE	POSTATE GREINBMA					
		DUE TO (DR AS A CON	SEQUENCE OF):							
ERTIFICATION	Sequentielly list conditions,	OUE TO (OR AS A CON	SEQUENCE OF):							
CAT	if any, leeding to immediate cause. Enter UNDERLYING									
Ē	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A CON	SEQUENCE OF):							
	resulting in death) LAST	la					-			
10	PART II. Other significent conditions	contributing to deeth but no	t resulting in the	underlying ceuse given i			24b. WERE AUTOPSY FINDINGS			
2					1 _ YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN?			
MEC							1 TYES 2 NO			
PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOF PERFORMED? 1 VES 2 SAM 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 SAM 26. PLACE DF DEATN (Check only one) 27. MANNER OF DEATH 28. DATE DF INJURY (Month, Day, Year) 28b. TIME OF 28b. INJURY AT 28d. OESCRIBE HOW INJURY (Month, Day, Year) 28c. NUMBER OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY WORK?										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE DF DEATN (TN (Check only one)						
YSI	1 TYES 2 A NO	HOME								
	27. MANNER OF OEATH 1 Natural 5 Pending	INJURY OCCUR	REO							
ВУ	2 Accident Investigation	28e. PLACE OF INJURY — As	home form street	1 YES 2 ND	and LOCATION (Compa	and Mumber or	Church Boule Mumber			
ED	3 Suicide 8 Could not be 4 Nomicide determined	building, atc. (Specify)	roome, milli, street,	rectory, office	28f. LOCATION (Street City or Town, State))	num route number,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge,	death accurred =	he time date and place and d	to the cause/s) and ma	Money as state of				
MP	(Direct Only	R: On the basis of axamination and								
	29b. SIGNATURE AND TITLE OF CERTIFIED	1		29c. LICENSE N			IGNEO (Month, Day, Year)			
BE (WB/	Lemer MD		D.	26350	D 3/	12/90			
9	30. NAME AND ADDRESS DE PERSON WHO		TEM 27 /Fra Brist				,			

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MAD ST. MICHAELS

DHMH-18 Ray 1/89

Md 21663

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE O	F DEAT	Ή	REG	NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA			3. TIME OF DE	ATH
LAURA VI	RGINIA TEEF	EY				MARCH	21, J	990	1:15	Р. м
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEA		_	7. DATE OF BIRT	Н	6. BIRTI	HPLACE (State or	
226-20-2279	1 □ M 2 🂢 F 8	5 YRS. 1	MONTHS DAY	8 HOURS	MIN.	JULY 24		Count	RGINIA	
9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOW	N OR LOCATIO	ON OF DE			OUNTY OF E		
BAYSIDE NURSING		LEX	INGTON	PAR	2 K		ST. MA	DV'C		
RESIDENCE OF DECEDENT					1111			71. 111.	IXI O	
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CIT	TY
	MARY'S	RI	DGE						1 - YES 2 1	NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g.	CITIZEN OF	WHAT COUNTRY?	,
P.O. BOX 155, FR					680			USA		
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES		13. WAS I	DECENDENT O	F HISPAI	NIC ORIGIN? (Speci m, Puerto Rican, at	fy Yee or No- c.)	- 14. RAC Blac	E American In k, White, etc.	dien,
3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 '	YES 2 NO	Specifi	y:		Spec		
15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S U	ISHAL OCCUR	ATION		405 (1910 0	F BUSINESS		HITE	
(Specify only highest grade	completed)	(Give kind of wo	ork done during	most of working	g	166, KIND O	r BUSINESS	INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	НОМЕМА	KER							
17. FATHER'S NAME (First, Middle, Last)		попын	псыс	18. MOTH	ER'S NA	ME (First, Middle, M	eiden Sumem	e)		
WILLIAM R. WAGENE	R					STELLE S				
19a. INFORMANT'S NAME (Type/Print)	IX	19b. MAILING A	ADDRESS (Stre			Route Number, City				
THOMAS J, TEEFEY						MARYLANI				
20m. METHOD OF DISPOSITION	201	D. PLACE OF DISPOSIT					e. LOCATION		own. State	
1X Burial 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)	oval from State	MOUNT CAT	VARY						IRGINIA	
21 MILLARY SERVICE LIN	Asilon /	7/1		AND ADDRES	S OF FA		CI OIIIIC	11129	INOINII	
Tolume III	Desel 1	1/4				INERAL HO				
22 DART I Enter the diseases of	moral c	/	P.0	. BOX	279,	LEONAR	DTOWN,	MARY		
23. PART I. Enter the disesses, prosphere, pr heert feilure.	List only one couse of t	sch line.	ot enter the	mode of dyl	ng, suc	h as cerdiec Dr	reepiratory	srrest,	Approxi	mate Batween
IMMEDIATE CAUSE (Finel disease or condition	100	100	1		0.	4			Onset s	nd Desth
resulting in death)	· Cen	dio	pres,	0 /	ou.	une			_	
	PI O	CONSEQUENCE OF)	1 -1			Pulu	1	-0-		
Sequentielly list conditions,	b. OUF TO OR AS	CONSEQUENCE OF	08/1	uuzre		TZUM	cll	STORA	P	
If eny, leeding to immediate cause. Enter UNDERLYING		· oonocaocinoc or j								
CAUSE (Diseese or injury that initiated events	C. DUE TO (OR AS /	A CONSEQUENCE OF)	:						-	
resulting in death) LAST	4									
PART II. Other significent condition	s contributing to death b	out not resulting in	the underl	ying cause g	iven in		REFORMED?	SY 24	AWAILABLE PRIC	R TO
						1 🗆 Y	ES 2 NO	·	OF DEATH?	F CAUSE
									1 YES 2	NO.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	OTHER:	. PLACE OF DI	EATH (Ch	eck only one)				
1 TYES 2 NO	1 Inpatient 2 ER/Out	petient 3 DOA	4 Nursing I		sidence	6 Cher (Specif				
27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	IRY	INJURY AT WORK?		28d. DEŞCRIBE I	IOW INJURY	OCCURED		
2 Accident Investigation				YES 2	NO					
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, sticify)	reet, factory, o	office		261. LOCATION (S City or Town,		nber or Rural	Route Number,	
	CIAN: To the best of my know	riedge, death occurred	d at the time,	data and placa,	and due	to the cause(a) an	d manner as	stated.		
one) 2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation	, in my opinio	n, death occur	ed at the	time, data and pla	ce, and due t	to the cause(a) and manner sa	stated.
29b. SIGNATURE AND TITLE OF CERTIFIED	R 11.1	16		29c. LICE	NSE NU	MBER	29d.	DATE SIGNE	D (Month, Day, Yea	ur)
	3. MNV		,	D.	334	170	•	3/22	2/90	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)						, ,	
B. Jhaveri, M.D.,	THE SHANT	I, LEONARI	DTOWN,	MARYL	AND	20650				
MAR 2 2 '90	32. REGISTRAR'S SIGN	ATURE Grandell								

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

Α

death. Page 6 may be retained by the hos	funeral director, page 5 should be detached		examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law re-	TO THE FUNERAL DIRECTOR: After this certificate has been	be filed within 72 hours after death with the State Dept. or	IMPORTANT: If Item 28 is marked, or item 23 sh

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / DEPAI CERTIF	RTMENT OF HEALTH AND N	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Physics A. Social Security Number 3. Sex	NN TO SO X 6. AGE (In yrs. lest birthday) M 2 X F 3 LL YRS.		2. DATE OF DEATH MONTH DA 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	65	
DIRECTOR	90. FACILITY NAME (If not institution, give street and MUSHING TO HOW RESIDENCE OF DECEMENT	entist Hosp.	96. CITY, TOWN OR LOCATION OF DE	0 1.	9c. COUNTY OF PE	
	MARYLAND ANNE ARU		TY, TOWN OR LOCATION EN BURNIE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 7682 QUARTER FILLED F	ROAD	10f. ZIP CODE 21061		U.S.A.	HAT COUNTRY?
В	1 Never Merried 2 Merried FO	IAS DECEDENT EVER IN U.S. ARMED DRCES? 1 ☐ YES 2 ☐ NO YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexical 1 YES 2 NO Specify	n, Puerto Rican, etc.)	or No— 14. RACE Black, Specify WHIT	— American Indien, White, etc. E
COMPLETED	1S. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondery (0-12) Colleger 1 YE	(Give kind of life. Do NOT in	S USUAL OCCUPATION I work done during most of working use retired.) PURCHASER	16b. KIND OF BUS	TEL	
BE CON	17. FATHER'S NAME (First, Middle, Last) PHILLIP ADAIR SMITH		2.44	ME (First, Middle, Meiden ANN CRAWF		
10	19a. INFORMANT'S NAME (Type/Print) PHILLIP A. SMITH	100-000	G ADDRESS (Street and Number or Rural R BOX $189-1$, LEON.	CONTRACTOR OF THE PARTY OF THE		0650
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal fro 4 Oonation S Other (Specify)	om State other place)	LACE OF DISPOSITION (Name of cometery, crometory or her place) IARLES MEMORIAL GARDENS LEONARDIOWN, I			
	21. SIGNATURE OF PUNERAL SERVICE EICENSEE		22. NAME AND ADDRESS OF FA MATTINGLEY-GA P.O. BOX 270,	RDINER FUN	ERAL HOME	, P.A.
	23. PART I. Entar the diseasea, or complice ahock, or heart failura. List pro-	nly Dna cause Dn aach lina.	not anter the mode of dying, auch	h as cardiac or reapi		Approximata Intarval Batween Onset and Death
CERTIFICATION	resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE DU		breast		
ERTI	that initiated events reaulting in death) LAST		19			
PHYSICIAN: MEDICAL O	PART II. Other significant conditions cont	tributing to death but not resulting	g in the underlying cause given in	Part I. 24a. WAS AN PERFOE	NO NO	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN		SPITAL:	26. PLACE OF DEATH (Ch.			
	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nureing Home 5 Recidence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Yeer) 28e. INJURY AT WORK? M 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nureing Home 5 Recidence 8 Other (Specify) 28e. INJURY AT WORK? M 1 YES 2 NO					
TED BY	2 Accident Investigation S Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm building, etc. (Specify)	, street, factory, office	281. LOCATION (Street City or Town, State)	and Number or Rural R	oute Number,
COMPLETED	anal only	To the best of my knowledge, death occurrent the best of axamination end/or investigate				and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF SERTIFIER	MBER Y3	29d. DATE SIGNED 3 2	(Mone, Day, Year)		
	30 NAME AND ADDRESS OF PERSON WHO COME	BUETED ONLICE OF DEATH ATEM 27 /5.	no Delect	4		



31. DATE FILED (Month, Day, MAR 2 6

*90

32 REGISTRAR'S SIGNATURE Andale

BOX 13146,	tificate be executed within	t physician and completely fill	ene prior to burial, cremation, or	ther traumatic event, the med
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buris	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)		02	OATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH	
		Margery	Eleano	r Thau		Mar. 14			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BII	RTHPLACE (State or Foreign	
	217-20-3610	1 □ M 2XX 67	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 02/12/2:		sbon, MD	
	9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY O	F DEATH	
5	108 Touhey	Drive		Ste	vensvil	le	Quee	n Anne's	
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
2	Maryland O	Queen Anne's Chest		Cheste	er			1 YES 2 NO	
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?	
	304 Stevensvil	le Village	Apts.		2161	9		U.S.A.	
FUNEHAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14. R	ACE — American Indien, lack, White, etc.	
10	1 Never Merried 2 Merried 2 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		2 NO Specify			pecify:	
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	ISUAL OCCUPATION	DN .	16b. KIND OF BU	I SINESS/INDUSTR	white	
CIED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of w	ork done durina mo	st of working	TOLK KIND OF BO	JINE 30/11/2031 N		
	1.2	contract (1-4 or 5 +)	Bool	kkeepei	^]	Legal		
COMPL	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Sumame)		
20	Howard S. Kul	nn, Sr.	T	aches	Clar	a Owings			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code)	
	Edmund R. Thau					e. Steve	nsvill	e. MD 21666	
	20e. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremetion 3 □ Remo	oval from State	other place)				CATION — City o		
	4 Donation 6 Other (Specify)	ENSEE	Stevens		Cemeter O ADDRESS OF FA		evensv	ille, MD	
	7/ //	2/11/	-			ein Fune	ral Ho	mes, PA	
_	man as K.	Helfert	ein					MD 21619	
	23. PART I. Enter the diseases, or o shock, or heart failure.			ot enter the mo	de of dying, auc	h aa cardlec or reap	ratory arrest,	Approximate Interval Between	
IMMEDIATE CAUSE (Fine) disease or condition resulting in death) e. Metaplatic Church o. Metaplatic Church o. Metaplatic o.							Onset and Death		
	resulting in death)	B. DUE TO (OR AS	A CONSEQUENCE OF	YUM	y col	con		1 movo	
		500 10 (611 76	A GONGEOGENGE P	- (
2	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
HIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
		d	A		100				
١٢	PART II. Other aignificant condition	e contributing to deeth	but not reaulting i	n the underlyin	g cause given in	Part i. 24s. WAS AN		24b, WERE AUTOPSY FINDINGS	
3	amonic.	Dome	clare !	Jung	His	Tel 1 TYES	no 🗆	COMPLETION OF CAUSE OF DEATH?	
MEDIC				0				1 [] YES 2 [] NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	neck only one)			
2	1 TYES 2 THO	1 Inpetient 2 I ER/Ou		4 - Nursing Hon		6 Other (Specify)			
	27. MANNER OF BEATH 1 Natural 5 Pending	(Month, Day, Year)	26b, TIMI	URY WO	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURE	D	
à	2 Accident Investigation 28s. PLACE OF INJURY — At home form street, factory office. 28s. I OCATION (Street and Number or Bural Boute Number						ural Route Number		
3 Sulcide 4 Homicide 4 Homicide 5 Could not be datermined 29e. CERTIFIER (Check only of the Dest of the Dest of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
9	290. CERTIFIER 1 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wieden death occurre	of at the time, date	and place, and due	to the cause(s) and ma	nner se stated		
1	CONSULT ONLY							use(a) and manner as stated.	
	250. SMINATURE AND TITLE OF CERTIFIES	/			29c. LICENSE NU				
M M	- locallo	Leuro U	10		17195	79	29d. DATE SIGNED (Moylin, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON A	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	18/10/	-/	, ,		
	Dr. Jon Lowe	600 R	idgely A	Ave	nnapol	is. MD	214		
	31. DATE FILED (Month 1048 Year)	32. REGISTRARIS SIG	Davidson-Ran	dell					
	1 1 1 1 1 1	A wood	at the same of						

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DIVISION OF VITAL RECORDS, P.O. BOA 13148,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-nours aft	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by i	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or remo
Z	NG	ffer	eath
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH A		REG. NO.	E	
	1. DECEOENT'S NAME (First, Middle, La	R. TIME	BERLAK			PATE OF DEATH DA	90	1:39 M
	4. SOCIAL SECURITY NUMBER 247–32–9899	1□M2▼F 64	YRS.	IF UNDER 1 YEAR IF UNDER 2 AONTHS DAYS HOURS	MIN. De	Month, Day, Year) C. 8, 19	25 S	putty Carolina Carolina
ECTOR	9a. FACILITY NAME (If not institution, git IHARFORD ME RESIDENCE OF DECEDENT	marial Hos	- 1	96. CITY, TOWN OR LOCATION HAVRE DE	N OF DEATH	4cE	GC. COUNTY C	FORD
DIREC	Maryland 10b. cou	NTY Harford	1000	rown or Location erdeen		-		10d. INSIDE CITY LIMITS? 1 YES 2X NO
E .	218 Bush Chapel	Road		21001			USA	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 ☐ Never Married 2 🌠 Married 3 ☐ Widowed 4 ☐ Olvorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2X NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 TYES 2 NO	Maxican, Pu			RACE — American Indian, Bleck, Whita, atc. Specify: VNITE
LETED	15. OECEDENT'S E (Specify only highest gi Elementary/Secondery (0-12)		(Give kind of we life. Do NOT use	sual occupation ork done during most of working ratired.)		16b. KIND OF BUS		
at once.	17. FATHER'S NAME (First, Middle, Last) Leslie Dixon	oung	PLIVALE	18. MOTH		First, Middle, Meiden E Eula		nant
TO BE	19a. INFORMANT'S NAME (Type/Print) George A. Timber	lake, Sr.		ush Chapel R				
r must be	20a. METHOD OF DISPOSITION 1 1 aurial 2 Cremation 3 F 4 Donation 5 Other (Specify)	amoval from Stata	other place)	TION (Name of cametery, crame hristian Cem	etery	Jo	ppa, Mo	
examiner	21. SIGNATURE OF FUNERAL SERVICE	McComa	30 111	Howard K. 1317 Cokes			uneral ingdon,	Home P.A.
ury, or other traumatic event, the medical CERTIFICATION	IMMEDIATE CAUSE (Final diaeaaa or condition reaulting in daath) Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST	OUE TO (OR AS	A CONSEQUENCE OF	sorder ephalopar	thy	, Sei	vere	Interval Batweer Onset and Daati
IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, O BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant condi	ChstTucH	but not resulting in	the underlying cause gi	Ivan in Pag	1. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS ANALALE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
r item 23 s	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 100	HOSPITAL:	patient 3 - 00A	28. PLACE OF DE OTHER: 4 \(\text{Nursing Home} \) 5 \(\text{Res}				
marked, or BY PHY	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigati		28b. TIME	M 1 YES 2	NO	1. OEŞCRIBE HOW I		
m 28 is ETED	3 Suicide 8 Could not 4 Homicide determine			treet, factory, offica	281	City or Town, State)		urai Route Number,
ANT: it ite	const only	HYSICIAN: To the best of my know	_					use(a) and manner as stated.
IMPORTAL TO BE C	1000 to - K	Jun 14.5	2.	D/5	NSE NUMBER	3	≥ Opy	SNED (Month, Day, Year)
F	ISANG U	WHO COMPLETED CAUSE OF O	308 S.	Union Av	e. H	avre de	Grace	P, Nd 210%
	APR 02 '9	32. REGISTRAR'S SIG	NATURE Widson-Randa	92				

APR 6 1990

32. REGISTRAR'S SIGNATURE

											(90	101	46
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /		RTMENT					HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			. TIME OF DEAT	гн
	Troxell, Doris	E.							MONTH	25	9	YEAR /	6:10	PM
	4. SOCIAL SECURITY NUMBER 216-22-9638	5. SEX	6. AGE (In yrs. last	t birthdey) YRS.	IF UNDER 1		IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D 5/29	BIRTH ay, Year) /27		Country)	ACE (State or Fo	
,	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, 1	TOWN OR	LOCATIO	ON OF DE				ITY OF DEA		
NO.	Union Memoria	l Hospita	1		Ва	altin	nore	Cit	-y		В	altim	ore	
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNT Pa	York		10c. CIT	Y, TOWN OR	LOCATION					-		Od. INSIDE CITY	
	10e. STREET AND NUMBER	101/1					IP CODE				140. 0071		YES 2 AT COUNTRY?	NO
BY FUNERAL	15	W. Ches					1	7331			US		AI COUNTHY?	
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XN	MED	H		fy Cuba	n, Mexica	IIC ORIGIN? (S n, Puerto Rici		or No-	14. RACE - Black, Specify:	- American Indi White, etc.	en,
	3 Wildowed Divorced 15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCC		-			NO OF BUS	SINESS/IND		White	
COMPLETED	(Specify only highest grade	College (1-4 or 5	(Gi	ive kind of Do NOT u	work done du se retired.)	ring most (g						
MP	11		Fac	Cllit	ies M					Y.W.C				
BE CO	17. FATNER'S NAME (First, Middle, Last)	Ralph B.	Working	3		1	IB. MOTH		ME (First, Mide Ide L.					
TO B	19a. INFORMANT'S NAME (Type/Print)	lana Lage							Route Number,			Code) 7331		
	20a. METNOD OF DISPOSITION		20b. PLACE	-							CATION —		n. State	
	1X Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	other pla	ace)	Rest				ery		nove			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	TOTAL CONTRACTOR		22. N	AME AND	ADDRES	SS OF FA	CILITY	118	24 Re	igte	rstown	Rd
	De Bus	· Vm a	U		E1:	ine 1	Fune	eral	Home				Md. 21	
	23. PART I. Enter tha disasses, or shock, or heert failura. IMMEDIATE CAUSE (Final												Approxim Interval B Onset and	ate atween
	disease or condition resulting in death)	e. M	(OR AS A CONSEC	OUENCE C	PF):								-	
NO	Sequentially list conditions,	b. CF	(OR AS A CONSEC	OUENCE O	iF)·									
ERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING	DiA	hetes	out.	. ,.								ļ	
IFI	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	OUENCE C	PF):									
	resulting in death) LAST	d			_									
LC	PART II. Other algnificant condition	ns contributing to	death but not r	reaulting	In the und	leriying o	ause ç	given in	Part I. 24	le. WAS AN		24b. V	VERE AUTOPSY F	INDINGS
MEDICAL									1	PERFO	_		WAILABLE PRIOR	
MED													F DEATH?	NO
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPJFAL:			OTHER:		CE OF D	EATN (Ch	eck only one)					
YSI	1 TYES 2 DATO	1 1 Impetient 2			4 🗆 Nurei	ng Home		reidence	8 🗆 Other (S					
	27. MANNER OF DEATN 1 Natural 8 Pending	28a. DATE OF (Month, E		28b. Till IN	ME OF JURY	28c. INJUR WORK 1 YES	(?] NO	28d. DESCR	HBE NOW	INJURY OCC	CURED		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	OF INJURY — At he atc. (Specify)	ome, farm,	atreet, facto	ry, office			28f. LOCATI	ON (Street Town, State)	and Number	or Rural Ro	ute Number,	
E	4 Nomicide determined	bulling,	att. (opecny)						City or	iowii, Siate,	,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of											and manner on a	alada d
				vascigati	оп, на шу ор					w prace, at				
BE	296. SIGNATURE AND TITLE OF CERTIFIE	0 (- AN	Λ		1	i9c. LICI	ENSE NU	MBER		29d. DAT	SIGNED (Month, pay, Year)	
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH (ITE	M 27) (Tvp.	e, Print)				-		, 2	16	116	
	Union Memorial													
	31. DATE FILED (Month, Day, Year)	# 32. REGISTR	AR'S SIGNATURE											

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or remova	medicai
ation,	the
crem	vent,
he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
ygiene (other
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Menta	njury,
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Deb	23
State	Item
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		02,111,11	7112 01			OF DEATH		3. TIME OF DEATI	1
HATTIE	MAE PURNE	T.T	TRADER		MONT	H DAY	4, 195	O 0357	М
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8. 8	SIRTHPLACE (State or For	eign
215-20-4219 9a. FACILITY NAME (If not institution, give:	1 M 2 WF	7 7 YRS.	ONTHS DAYS	HOURS MIN.	5/1	h, Day, Year)		Maryland	
PENINSULA GENERAL				BURY, M				COMICO	
10a, STATE 10b, COUNT	Y	10c. CITY, 1	TOWN OR LOCATI	ON				10d. INSIDE CITY	
Maryland Wico	omico	Salis	sbury					LIMITS?	NO
10s. STREET AND NUMBER				ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
510 COLLINS S'	Γ REET			21801			USA	A	
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 Tyes IF YES, GIVE WAR OR D	2 XNO	If yes, spe	NDENT OF HISPAI city Cuben, Mexica 2 X NO Specif	n, Puerto			RACE — American India Black, White, etc. Specify: Tro-America	
15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	e completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use if	SUAL OCCUPATION done during mos retired.)	N t of working	16b	. KIND OF BUSI	NESS/INDUST	RY	
12th grade	College (1-4 or 5+)	labore	r			domes	tic		
17. FATHER'S NAME (First, Middle, Last)		2000020	-	18. MOTHER'S NA	_				
WILLIAM PURN	IELL			HARRI	ETN	ICHOL S	5		
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING A	DDRESS (Street ar	d Number or Rural				fe)	
Mildred Coulb	ourn	same a	as abo	ve/ 218	301				
20. METHOD OF DISPOSITION 1.A Burlist 2 Committee 3 Ren 4 Donation 5 Cother (Specify)	novel from State	s. PLACE OF DISPOSIT other place)	TON (Name of cert	minry, cramatory or		V-2010000	Mary Santo	or Youn, State	
21. SIGNATURE OF FUNERAL SERVICE LI		Green Acre) + #2	Bay 92	Maryland 20, Jersey F	1 -1
Patrick 1	MenXash	ley	Jolley	Memor	al S	alisbury	, Mary	land 2180	l I
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to jog as	cacolina consequence or:	al co	fore	70~			Interval Be Onget and	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF:							
PART II. Other significant condition	ns contributing to death t	out not resulting in	the underlying	cause given in	Part I.	24s. WAS AN A PERPORA 1 TYES 2	NED?	24b. WERE AUTOPSY PA ANALABLE PRIOR COMPLETION OF D OF DEATHY	AUSE
25. WAS CASE REFERRED TO MEDICAL			22020						
EXAMINER?	HOSPITAL		OTHER:	ACE OF DEATH (C)					
1 VES 212 HO 27. MANNER OF DEATH	28a. DATE OF INJURY	patient 3 DOA 4		5 C Residence	_	er (Specify) SCRIBE HOW IN	PARK OFFICE	en	
1/2 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI SMF LIWE	RY WO	RK7 EB 2 NO	##0. UE	SCHOOL HOW IN	ART OCCUR	EM	
3 Suicide 6 Could not be 4 Homicide determined	25s. PLACE OF INJUR building, etc. (Sce	f — Al home, farm, sin cθy)	set, factory, office		28f. LOG	CATION (Stront ar or Town, State)	of Number or F	lurel Floute Number:	
202)	SICIAN: To the best of my know							ivse(a) and manner as s	tatad.
296, SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				GNED (Month, Day, Year)	
1 Tent	/eca	_		009			> 3-	24-91)
EXENT CAN								- ()	
31. DATE FILED (Month, Day, Year) WAR 2 7 '90	2. REGISTRAR'S SIGN	VATURE	indic	CT. S	021:	13429	, 140	21101	

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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NG P	fter t	mar
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use he fleet within 72 hours after death with the State Debt, of Health and Mental Hyolene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month,

1 3 90

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

									90	1014
FOR 1 - STATE REGISTRAR	STATE OF N			MENT OF			ENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3.	TIME OF DEATH
]	EMILY N	MASON	Tr	ice			MONTH D	Y A	YEAR	4:25 Am
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		F UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1	. BIRTHPL/	ACE (State or Foreign
213-05-6241	1 🗆 M 2 💢 F	81	YRS.	ONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 04 18 01		Country)	
9e. FACILITY NAME (If not institution, give s	treet and number)		9	b. CITY, TOW	OR LOCATI				lary]	
Weelevan Hoald	h Caro	Contor	.	Donto				0	2 .	
Wesleyan Heal	cii care	center		Dento)11			Car	olir	ie
10e. STATE 10b. COUNTY	1		10c. CITY, 1	TOWN OR LO	CATION				10-	d. INSIDE CITY LIMITS?
	Lbot		Eas	ston		- 64 h			72	YES 2 NO
10e. STREET AND NUMBER					10f. ZIP COD	E		10g. CITIZE	IN OF WHA	T COUNTRY?
101 West Stree	et				216	01		U.	S.A.	
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. AR					ORIGIN? (Specify Yes Puarto Rican, etc.)	or No- 1	4. RACE — Black, W	Amaricen Indian, hite, etc.
1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W				ES 2 NO		, , , , , , , , , , , , , , , , , , , ,		Specify:	
15. DECEDENT'S EDU	CATION	de pe	OFFICE U	UAL OCCUPA	71011					ite
(Specify only highest grade	completed)	(Gi	ve kind of wor Do NOT use i	k done during	most of working	ng	16b. KIND OF BU	SINESS/INDU	SIRT	
Elementery/Secondary (0-12)	College (1-4 or 5 +)		,						
17. FATHER'S NAME (First, Middle, Last)		ac	ent		18 MOT	HER'S NAM	E (First, Middle, Maiden	cance		
Alfred B. Maso	an .									
19a. INFORMANT'S NAME (Type/Print)	J11	190	b. MAILING A	ODRESS (Street			T. Thoi			
Donald W. McDa	niol	6								
20a. METHOD OF DISPOSITION	mrer	-		ION (Name of	-		aston MI	CATION CI	601	State
1 Donetion 5 Other (Specify)	oval from State	other ple	rce)	Hill				ston		
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	- OPI	1119		AND ADDRE			15 COII	FIL	/
		•	1	Newn	am F	uner	al Home			
HOHU P	MER			East	on.	Mary	land			
23. PART i. Entar the disesses, or shock, or heert failure.	complications the List only one cau	t caused tha de se on eech lina	ath. Do not	antar the r	node of dy	ing, auch	as cardiac or reap	iretory srre	st,	Approximate interval Between
IMMEDIATE CAUSE (Finel	^									Onset and Death
diseese or condition resulting in death)	a. Acut	OR AS A CONSE								
	DUE TO	(OR AS A CONSEC	DUENCE OF):							
Sequantially list conditions,	b. CAI	OR AS A CONSE	NIENCE OF							-
If any, leading to immediata cause. Enter UNDERLYING	502 10	(ON AS A CONSE	DOENCE OF).							
CAUSE (Disease or injury that initiated events	cDUE TO	(OR AS A CONSEC	OUENCE OF):		-					-
resulting in death) LAST			,							
	d									
PART II. Other algorificant condition						given in P	art i. 24a. WAS AN PERFO			ERE AUTOPSY FINDINGS
18P, Severe CVI	F, CHF,	Atrial F	16, 7	uhef	eeding	-	1 YES :		CC	OMPLETION OF CAUSE DEATH?
Irritable howe	Synds	ome								YES 2 NO
	/									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF C	EATH (Chec	k only one)			
1 🗆 YES 2 🖼-MO	1 Inpatient 2	ER/Outpatient 3	□ DOA 4	Nursing H	ome 5 🗆 R	eetdence 8	☐ Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE OF (Month, D	INJURY ey, Year)	28b. TIME (TY.	NJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCCI	JREO	
1 Natural 5 Pending 2 Accident Investigation	11.5.3.				YES 2					
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, ferm, str	eet, factory, o	ffice		28f. LOCATION (Street City or Town, Stete		r Rural Rout	te Number,
				_						
29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occurred	at the time, d	ate and place	, end due to	the cause(a) and ma	nner as state	d.	
One) 2 MEDICAL EXAMINE	R: On the heele of a	veminetion and/es	lmantlentlen	la mu calalan	doub annu	and at the A	ma data and alama a	al along the star-		

29c. LICENSE NUMBER

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

29d. DATE SIGNED (Month, Day, Year)

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			,	_
	(>	/
				1

1. DECEDENT'S NAME (First, Middle, Last)				ICATE OF			REG. NO.				
	· · · · · · · · · · · · · · · · · · ·					_	2. DATE OF GEATH	.v	YEAR	3. TIME OF DEAT	4
RUTH ELLA THOMA	AS							Ö1	90	8:05	A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 H		7. DATE OF BIRTH (Month, Day, Year)		Countr		eign
200144019	1 □ M 2 X F	87	YRS.			F	EB 25 190		PEN		
9a. FACILITY NAME (If not institution, give s				96. CITY, TOWN				1.75.1	NTY OF D		
SACRED HEART HO	DSPITAL			CUMBER	LAND, 1	MARY	YLAND	ALI	LEGAN	IY.	
10s. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOCA	TION			_	Ti i	10d. INSIDE CITY	
MARYLAND ALL	EGANY		CUI	MBERLANI)					1 TES 2	NO
10e. STREET AND NUMBER		_		10	f. ZIP CODE					VHAT COUNTRY?	
RFD# 2 PINE					21502				S.A.		
11. MARITAL STATUS 1 Never Married 2 Married	FORCES?			If yes, s	pecify Cuban, M	lexican,	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No-	14. RACE Black	E — American India k, Whita, etc.	n,
3 Wildowed 4 Divorced	IF YES, GIVE	MAR OR DATES -		1 🗆 YE	3 2 X NO S	Specify:			Speci	WHITE	
15. DECEDENT'S EDU		16e. DE	CEDENT'S	USUAL OCCUPATI	ON		16b. KIND OF BU	SINESS/IN	DUSTRY	***************************************	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Min	ive kind of v . Do NOT us	vork done during m se retired.)	ost of working						
8		HOU	JSEKE	EPER			HOUSE	KEEP.	ER		
17. FATHER'S NAME (First, Middle, Lest) ADDISON EYL	LD.			·			E (First, Middle, Malden				
	447						ENDRICKSO				
19a. INFORMANT'S NAME (Type/Print)							ute Number, City or Tow				
SARAH HEAVNER			FD#	2 PINE IN			CUMBERLA	ND M.			2
1 Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	other pl	lace)								
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE 4	0	301	VSET MEN 22. NAME A	NO ADDRESS O			BERL	AND I	MARYLAND	
Tol 4	M =	M					FUNERAL				
23. PART I. Enter the diseases, or	complications th	ot caused the de	neth Do				REET CUMB			ARYLAND	40
disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate	b. OUE TO	O (OR AS A CONSE	QUENCE O	ular	MCCI	Xin				d hr	>
ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reaulting in death) LAST	c	O (OR AS A CONSE	OUENCE O	F):							
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d				ng ceuse give	en in P			246	. WERE AUTOPSY FI	
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	d	o death but not		in the underlyie	ng ceuse give	en in P	art I. 24a. WAS AN PERFO	RMED?	24b	AVAILABLE PRIOR COMPLETION OF (ro
ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition	ns contributing to	o death but not	resulting	in the underlyie	ng ceuse give	en in Pa	PERFO	RMED?	24b	AVAILABLE PRIOR	TO AUSE
ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition	ns contributing to	al Bl	resulting	in the underlyie	ng ceuse give	en in Pa	PERFO	RMED?	24b	AVAILABLE PRIOR COMPLETION OF O OF DEATH?	TO AUSE
CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition Severe 25. WAS CASE REFERRED TO MEDICAL	ns contributing to Hestin Ficence	al Bl	resulting	in the underlyle	ng couse give		PERFOI	RMED?	24b	AVAILABLE PRIOR COMPLETION OF O OF DEATH?	TO AUSE
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Sevele A	ns contributing to Hestin Hestin Huganital:	al Bl	resulting LL C	in the underlyle	PLACE OF DEAT	TH (Chec	PERFOI	RMED?	24b	AVAILABLE PRIOR COMPLETION OF O OF DEATH?	TO AUSE
COUSE. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition SCISTO IN SCISTO IN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d	o death but not all B(resulting	26. F OTHER: 4 Nursing Ho	PLACE OF DEAT	TH (Chec	PERFOI 1 YES :	AMED?		AVAILABLE PRIOR COMPLETION OF O OF DEATH?	TO AUSE
COUSE. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reaulting in death) LAST PART II. Other significant condition SOURCE A JON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d	codeath but not all B(C) ER/Outpatient 3 F INJURY Day, Year)	resulting	28. F OTHER: 4 Nursing Ho BE OF 28c. IN URY M 1	PLACE OF DEAT me 5 Reside JURY AT ORK? YES 2 N	TH (Chec	PERFOI 1 YES : k only one) Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED	AMALABLE PRIOR COMPLETION OF COMPLETION OF COFFICE OF COMPLETION OF COMP	TO AUSE
COUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition SCANTO IN SCANTO IN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d	deeth but not al B(resulting	28. F OTHER: 4 Nursing Ho BE OF 28c. IN URY M 1	PLACE OF DEAT me 5 Reside JURY AT ORK? YES 2 N	TH (Chec	PERFOI 1 YES: k only one) Other (Specify)	INJURY OG	CCURED	AMALABLE PRIOR COMPLETION OF COMPLETION OF COFFICE OF COMPLETION OF COMP	TO AUSE
CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition Severe 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	d. ns contributing to the stine to the stin	Description of the control of the co	resulting	26. F OTHER: 4 Nursing Ho NURY M 1 street, factory, offi	PLACE OF DEAT me 5 Reside JURY AT ORK? YES 2 N	TH (Chec	PERFOI YES: Other (Specify) 26d. DESCRIBE HOW City or Town, State	INJURY OC	CCURED or Rural I	AMALABLE PRIOR COMPLETION OF COMPLETION OF COFFICE OF COMPLETION OF COMP	TO AUSE
COUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condition SCYPL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only	d. ns contributing to the still the	Description of my knowledge, do	resulting	26. F OTHER: 4 Nursing Ho HURY M 1 street, factory, offi	PLACE OF DEAT me 5 Reside JURY AT ORK? YES 2 N Ce a end place, an	TH (Chec	PERFOI YES: Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State	INJURY OC	occurrence or Rural I	AMALABLE PRIOR COMPLETION OF 6 OF DEATH? 1 YES 2	TO AUSE IO
CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant condition SCASTO IN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	d	Description of my knowledge, do	resulting	26. F OTHER: 4 Nursing Ho HURY M 1 street, factory, offi	PLACE OF DEAT me 5 Reside JURY AT ORK? YES 2 N ce a and place, an death occured of	TH (Chec	PERFOI I YES: Nonly one) Other (Specify) 28d. DE\$CRIBE HOW 281. LOCATION (Street City or Town, State) the cause(a) and ma	INJURY OC	or or Rural I	AMALABLE PRIOR COMPLETION OF CO P DEATH? 1 YES 2 I	TO AUSE IO
Ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition STATE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only)	d	Description of my knowledge, do	resulting	26. F OTHER: 4 Nursing Ho HURY M 1 street, factory, offi	PLACE OF DEAT me 5 Reside JURY AT ORK? YES 2 N Ce a end place, an	TH (Chec	PERFOI I YES: Nonly one) Other (Specify) 28d. DE\$CRIBE HOW 281. LOCATION (Street City or Town, State) the cause(a) and ma	INJURY OC	or or Rural I	AMALABLE PRIOR COMPLETION OF 6 OF DEATH? 1 YES 2	TO AUSE IO
CAUSE (Disease or injury the initiated events resulting in death) LAST PART II. Other significant condition SCASTO IN SCASTO IN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: Winpatient 2 28e. PLACE building SICIAN: To the basis of	ER/Outpatient 3 FINJURY — At he, etc. (Specify) of my knowledge, deexamination end/or	resulting LL C 3 DOA 28b. TIM IN. ome, farm,	26. F OTHER: 4 Nursing Ho BE OF 28c. IN JURY M 1 street, factory, offt	PLACE OF DEAT me 5 Reside JURY AT ORK? YES 2 N ce a and place, an death occured of	TH (Chec	PERFOI I YES: Nonly one) Other (Specify) 28d. DE\$CRIBE HOW 281. LOCATION (Street City or Town, State) the cause(a) and ma	INJURY OC	or or Rural I	AMALABLE PRIOR COMPLETION OF CO P DEATH? 1 YES 2 I	IO AUSE IO
CAUSE (Disease or Injury the Initiated events resulting in death) LAST PART II. Other significant condition SCONDO DEATH 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Winpatient 2 28e. PLACE building SICIAN: To the basis of	Description of the property of	resulting LL C 3 DOA 26b. TIM come, farm, result occurr investigation	26. Formula in the underlyis 27. Formula in the underlyis 27. Formula in the underlyis 28. Fo	PLACE OF DEAT me 5 Reside JURY AT ORIC? YES 2 N ce a and place, an death occured of	TH (Checone 6)	PERFOI I YES: Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and marme, data and piece, as	INJURY OC	or or Rural I	AMALABLE PRIOR COMPLETION OF CO P DEATH? 1 YES 2 I	IO AUSE IO

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DING	After
L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di
8	DIRE
1	

IN THE FUNEAU UNICOUNT. After this centrate has been signed by the accounting projectory may be underly being the project of t	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by the hospital or attending physician.
m 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Dn. Allet uns certificate has been sighted by and attending physician and compressly med in by are tunieral unecuot, page 3 shrubu be the death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	be untaking to use as the bund-transit permit. For
	item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	at once.

resulting in death)

Sequentielly ilst conditions,

If any, leading to immediate cause. Enter UNDERLYING

												90	10	150
	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND /	DEPAR RTIF	ICATE	OF H	EALTH DEAT	AND I		GIENI 3. NO.	E			
	1. DECEOENT'S NAME (First, Middle, Last) Capitola Naomi 4. SOCIAL SECURITY NUMBER	Viola Tho	eni						2. DATE OF DE	ATH DAY	*	YEAR 90	3. TIME OF	BO PM
	4. SOCIAL SECURITY NUMBER 5-7/-36-8604	5. SEX 6. A	VGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIR (Month, Day, Sept.]	rbar)	1898	Counti		
בט	9a. FACILITY NAME (If not institution, give st Manor Care La RESIDENCE OF DECEDENT					Lar	R LOCATI	ON OF DE			9c. COU	NTY OF D		
שחות	100. STATE 10b. COUNTY Md, P.G.			-	y, town o	R LOCAT	ION						10d. INSIDE LIMITS: 1) YES	?
בושבו	100. STREET AND NUMBER 2512 Kitmon	re Lane				101	207	15			10g. CIT	IZEN OF V	VHAT COUNT	U.S.A
10	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 X N	MED O	1	1 yes, sp		n, Maxica	NC ORIGIN? (Spe in, Puarto Rican, i y:		or No-	14. RACI Black Spec	E — American k, Whita, atc.	
רבובו	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th Grade		16a. DEC (Gi life.	CEDENT'S ve kind of Do NOT u	work done of se retired.)	CCUPATION TO REGIONAL STATES	st of working	ed	166. KIND OF BUSINESS/INDUSTRY HOSDital					
	17. FATHER'S NAME (First, Middle, Last) OSCUP Youngst	rem					18, MOT		ME (First, Middle,	Malden :	Surname)			
2	190. INFORMANT'S NAME (Type/Print) Ann T. Fisher	(Daughter)					nd Number	r or Rural I	Route Number, City Silver	or Town	n, State, Zip		vland	2090
	20a. METHOD OF DISPOSITION 1	0 ()	20b. PLACE of other pile	OF DISPO	tan (me of cer Crem	netery, crer	natory or	:	20c. LO	CATION -	City or To	own, State	ginia
	21. SIGNATURE OF FUNERAL SERVICE LIC	Sulvo	m		Fi	anc	is G Balt	asch	cility 's Sons e Ave.	Fu Hva	nera ttsv	l Ho	me, P.	A. 20781
	23. PART i. Inter the disesses, or check, or heert feilure. I IMMEDIATE CAUSE (Finel disesse or condition	complications that cal	on each line		not enter	the mo	da of dy	ing, suc	h as cerdiac o	respi	retory ar	rest,	Appro	ei Between t and Deeth

CAUSE (Disease or Injury that initiated evants DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST PART it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

DUE TO (OR AS A CONSEQUENCE OF)

24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 38. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2- NO ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide detarmined

29a. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and mi

296. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Andrew S. Dobin, M.D. 3231 Superior Lane, Suite A6, Bowie, Maryland

31. DATE FILED (Month, Day, Year) Julia Davidson Handall 9 '90



1	-	STATE REGISTR	AF
	1. DI	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. 1	TIME OF DEATH
	IDA CATHE	RINE TURLE	Y			MARCH	16,	1998	AR	11:44 P _M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	нвтн	6. E	BIRTHPLAC	CE (State or Foreign
		-	4 yrs.	MONTHS DAYS	HOURS MIN.	MARCH	7,191	L6 (Country) M	D.
~	9a. FACILITY NAME (If not institution, give street		Cicion		R LOCATION OF DE			9c. COUNTY		
DIRECTOR	MALCOLM GROW USAF N	AEDICAL CEN	IER	ANDREWS	AIR FOR	CE DAS)E	PRIN	CE G	EORGE'S
E	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION				10d	. INSIDE CITY
H	MD. PRINCE	GEORGE'S	UPI	PER MARI	BORO				1.X	LIMITS? YES 2 NO
AL	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	8501 HARDWICK CT.				20772			U.	S.A.	
2	11. MARITAL STATUS 12. 1 Never Merried 2 X Married	WAS DECEDENT EVER IF FORCES? 1 YES			ENDENT OF HISPAN			r No— 14.	RACE - / Black, Wi	American Indien, nite, etc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: WHITE									
ED										
ᄪ	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +)									
COMPLETED	12TH. GRADE		HOME I	MAKER			HOME			
8	17. FATHER'S NAME (First, Middle, Last) CLARENCE ZACHARIAH	MARRITAICT			18. MOTHER'S NA	ME (First, Middl I BLANC			אוריווא	M
B	19e. INFORMANT'S NAME (Type/Print)	MATTINGLI	10h MAII ING	ADDESS (Street	nd Number or Rural I					TAI
2	SHEILA M. KAY				30, WALE				10)	
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removal	200	PLACE OF DISPOS	TION (Name of ce	netery, cremetory or	ora , r		TION - City	or Town,	State
-	1X Buriel 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	from State	other place) HARLES M	EMORIAL	GARDENS		LEO	VARDTO	WN,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	1111		22. NAME A	D ADDRESS OF FA	CILITY	INI FE	ERAL H	OME.	РΔ
	Michael 7.5	Haroline	er)		BOX 270,					
	23. PART i/Enter the diseases, or com ahock, or heart fallure. List			ot antar tha mo	da of dying, auc	h as cardiac	or respire	itory arrest		Approximata interval Between
	IMMEDIATE CAUSE (Final									Onset and Death
	disease or condition resulting in death)	CHRONIC OB			ARY DISE	ASE				
.,	-	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS /	CONSEQUENCE OF):						
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	CONSEQUENCE OF							
	that initiated events resulting in death) LAST	DUE TO (ON AS A	CONSEQUENCE OF	<i>y.</i>						
CE	d									
	PART ii. Other aignificant conditions c	ontributing to death b	out not reaulting in	n tha undarlyin	g cause given in	Part I. 24	A. WAS AN A		/0.00	RE AUTOPSY FINDINGS
DICAL						11	YES 2	NO NO		MPLETION OF CAUSE DEATH?
PHYSICIAN: ME						_			1 [YES 2 NO
ž										
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. P OTHER:	LACE OF DEATH (Ch	eck only one)				
1YS	1 YES 2 XNO 1)	Inpetient 2 ER/Out	patient 3 DOA 28b, TIMI		No. 5 Residence		_	JURY OCCUR	50	
	1 Netural 5 Pending	(Month, Day, Year)	INJ	JRY W	YES 2 NO	Zou. DESCRI	DE HOW IN	JOHN OCCOM	ED.	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, ferm, a					d Number or i	Rural Route	Number,
TED	4 Homicide determined	building, etc. (Spe	city)			City or k	own, State)			
PL	29e. CERTIFIER LE CERTIFYING PHYSICIAL	N: To the best of my know	rledge, deeth occurre	d at the time, dat	and place, and due	to the cause(end mann	er as stated.		
COMPLET	one) 2 MEDICAL EXAMINER: C	On the basia of examination	n and/or investigatio	n, in my opinion,	feath occured at the	tima, date end	l place, end	due to the co	euse(e) en	d manner as stated.
ш	29b, SIGNANURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER				onth, Day, Year)
TO B	() MARCH 16, 1990									
P=	30, NAME AND ADDRESS OF PERSON WHO C				MALCOLM					NTER
	DEBORAH A. ZDOR 31. DATE FILED (Month, Day, Year)	22 DECISTRAD'S SIGN	ATURE		ANDREWS .	AFB, M	D 20	331-5	300	
	MAR 1 9 '90	Julia Davidse	n-Randelle							
	11011 4 / 00	()								DHMH-16 Rev 1/89



DHMH-16 Rev 1/89

E	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH ATE OF DEATH		HYGIENE REG. NO.				
	11011011	CURTIS R.	-90	3. TIME OF DEATH 0150 AM						
	212-01-8168	1 M 2 🗆 F	89 YRS. MOI		HIN. (Monti	OF BIRTH h, Day, Year)	Count	Pa.		
TOR	90. FACILITY NAME (If not institution, give etres CARPUL CTY. GE RESIDENCE OF DECEDENT	NERAL HOSP	ITAL	WESTNINS		9	CARR			
DIRECTOR	10a. STATE 10b. COUNTY	arroll		Hai	mpstead			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	106. STREET AND NUMBER 4428 Black Rock Rd.	. Apt. #7		101. ZIP CODE 2107	4	11	USA	WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 DINO	13. WAS DECENDENT OF I If yes, specify Culfun, I 1 YES 2 IV NO	Wexican, Puerto I					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12) 9th grade	TION ampleted) College (1-4 or 8 +)	160. DECEDENT'S USU (Give kind of work life. Do NOT use re Home Imp)	done during most of working tired.)	18b	Self-e	mployed			
BE COM	17. FATHER'S NAME (First, Middle, Last) Andrew Thompson	Thompson Joanna Alloway								
0	Mrs. Helen Thompso		4428 B	lack Rock Rd	.,Hamps	tead,Md	. 21074			
	20e. VETHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove Donation 5 Other (Specify)	EV		M (Name of cometery, crematory) emorial Park			ksburg,			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Eline		934 S. Main		Eline F mpstead				
	23. PART I. Enter the disease, or conshock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	st only one ceuse on e					ory arreet,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditione, if amy, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Cerebro	CONSEQUENCE OF):	ovascular 1 Disecus	acc	ident		3-5ys.		
PHYSICIAN: MEDICAL C	PART II. Other aignificent conditions	contributing to death b	ut not resulting in t	he underlying ceuse giv	en in Part I.	24a. WAS AN AU PERFORME 1 YES 2	:D?	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
SICIA		HOSPITAL:		26, PLACE OF DEA						
	27. MANNER OF DEATH 1 1 Notural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT	28d. DE:	SCRIBE HOW INJU	JRY OCCURED			
TED BY	2 Accident Investigation 3 Sulcide e Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre-	et, factory, office	28f. LOC City	CATION (Street and or Town, State)	Number or Rural	Route Number,		
COMPLETED	anal			t the time, date and place, e n my opinion, death occured				e) end menner ee stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	a MD		D36	SE NUMBER	2	9d. DATE SIGNE	17-90		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. A. Rocha 4500 Blackrock Rd, Hompstead, MD 21074									
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							

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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	HAN	he S	10
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	PITA	ERA	T
	HOS	FUN	TAN
	里	THE	SO.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flued in by the funeral director, page 5 in the flue within 72 hours after death with the State Dent of Heath and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be net

	1 - STATE REGISTRAR	TATE OF MARYLAND / CE	DEPARTMENT OF I		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Charles 7	Unve	er700)		3 26		2:25 PM
	4. SOCIAL SECURITY NUMBER 5. SI			IF UNDER 24 HRS.	7. DATE OF BIRTH	6. B	IRTHPLACE (State or Foreign
	218 – 32 – 0336 9a. FACILITY NAME (If not institution, give street ar	M 2 F 82	YRS. MONTHS DAYS	HOURS MIH.	(Month, Day, Year) 4/5/07	9c. COUNTY C	Md.
TOR	Carroll Luthera			ninster		Carr	
DIRECTOR	Md 106. COUNTY	RFORD	10c. CITY, TOWN OR LOCA Bel A				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 713 Beretta V		10	21014		10g. CITIZEN O	OF WHAT COUNTRY?
ž l	11. MARITAL STATUS 12. V	WAS DECEDENT EVER IN U.S. ARM		CENDENT OF HISPAN	IIC ORIGIN? (Specify Yea	or No— 14. F	RACE — American Indian,
	I Never meried 2 meried	FORCES? 1 YES 2 NO F YES, GIVE WAR OR DATES		ecity Cuben, Maxical	n, Puerto Rican, etc.)		Black, White, atc.
BY	3 Wildowed 4 Divorced						white
	15. DECEDENT'S EDUCATION (Specify only highest grade compl		EDENT'S USUAL OCCUPATI		16b. KIND OF BUS	INESS/INDUSTF	TY .
4		llege (1-4 or 5 +)	Do NOT use retired.	at or working			/
AP.		Plu	umber / FAM	MING	plum	nbent-	1 FARMING
ō I	17. FATHER'S NAME (First, Middle, Last)		,	18. MOTHER'S NA	ME (First, Middle, Maiden	Surneme) /	
BE COMPLETED	George Theodore	e Unverzagt		Marga	ret Anna	Brook	S
O	19e. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS (Street	and Number or Rural I	Ploute Number, City or Town	, State, Zip Code	" 12 /
F	Jean White		13 BERETI	TA WAL	1 Bel	Hin.	Ma 21014
	20a. METHOD OF DISPOSITION 1 Properties 2 Comments 3 Removal for the Comment of	rom State 20b. PLACE 0	OF DISPOSITION (Name of ce	metery, crematory or	20c. LO	CATION — City of	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E	100	ND ADDRESS OF FA	CILITY	DUIL!	4 20 STMI-sti
	• (1) / (1)	1/4/					21
	16.	will of.		73 FH			
	23. PART I. Enter the disease, or comp shock, or heert fellure. List of IMMEDIATE CAUSE (Fine) disease or condition	only one ceuse on each line.	etn. Do not enter the mi	ode or dying, suc	n es cerdiec or respi	ratory srrest,	Approximete Interval Between Onset end Desth
	resulting In deeth) a	DUE TO (OR AS A CONSEO	UENCE OF):				
_		Dohn	dration	mild			
٥	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSED	UENCE OF):	VVV 100			
CERTIFICATION	ceuse. Enter UNDERLYING						
Ě	CAUSE (Diseese or Injury thet initiated events	DUE TO (OR AS A CONSEQ	UENCE OF):				
E	resulting in death) LAST		<u> </u>				
	PART II. Other significent conditione cor	ntributing to death but not re	suiting in the underlyin	na ceuse aiven in	Part i. 24s. WAS AN	AUTOREY	24b, WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Parkinson's Dis			g cause given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME		_			/		1 TES 2 NO
ž							
N.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Ch	eck only one)		
Sic		SPITAL: Inpatient 2	□ DOA WHER:	ne 6 🗆 Residence	6 Other (Specify)		
ξ	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCURE	D
ВУ	1 Netural 5 Pending Accident Investigation	(1101117, 2003, 1003)		YES 2 NO			
	3 Suicide 6 Could not be	26e. PLACE OF INJURY — At hor building, etc. (Specify)	me, ferm, atreet, factory, offi	ce	261. LOCATION (Street & City or Town, State)	and Number or A	ural Route Number,
	4 Homicide determined				only or lown, dialey		
٦	290. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowledge, des	ath occurred at the time, dat	e end place, end due	to the cause(e) end mer	nner as stated.	
COMPLETED	anal and	the basis of axamination and/or is					use(e) end menner as stated.
	MA MONATURE AND TITLE OF CERTIFIER	Λ.		29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)
BE	Janua Jo	Jorshun	(M)	DSSL	(0)	D 02	-26-90
2	AND ADDRESS OF PERSON WHO COI	MPLETED CAUSE OF DEATH (TEA		2003	20 11201	` .1	20 10
	31. DATE FILEO (Mogning, Days, Year) 200	32. REGISTRIFF & SIGNATURES		uston k	Ed west	HENUM	u)
	WAK 58 AO	1 gina vividas	7				2113 1

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR				CERTIF	ICAIL	OF	DEA	ı n	- 1	REG. NO.			
1. DECEDENT'S NAME (First	_								2. DATE OF MONTH	DAY	,	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUM		oseph	Р.			/ar	_			2-90			1:00PM M
		5. SEX 1 🔀 M 2 🗆 F	6. AGE (In)	yrs. lest birthday) YRS.	IF UNDER 1	DAY8	HOURS	MIN.	7. DATE OF (Month, D	ay, Year)	- 1	Country)	CE (State or Foreign
214-15-335	-		18	THO.					Sept.	29,	L971	Mary	
9a, FACILITY NAME (II not in							OR LOCATION		EATH			TY OF DEAT	
Rt. 95 SOI		Kt. 414			0:	xon	Hil	1			Prin	ce Ge	orges Co.
10a. STATE	10b. COUNT	Y		10c. CIT	TY, TOWN OF	LOCA	TION					10	d. INSIDE CITY
Maryland		ce George	e's	0	xon H	T							LIMITS?
1904 Jary		enue				10	2074.				_	S.A.	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 XNO	lf.	yes, sp		in, Mexica	NIC ORIGIN? (S in, Puerto Rice ly:		or No—	Black, W	American Indian, hite, etc. hite
15. DE	EDENT'S EDU	CATION	10	6a. DECEDENT'S	USUAL OC	CUPATI	ON		16b. KI	ND OF BUS	INFSS/INDL	ISTRY	
(Specify on	ly highest grade	completed)		(Give kind of life. Do NOT u	work done di ise retired.)	uring m	ost of working	ng	look Ki				
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Stud						N/A	1		
17. FATHER'S NAME (First, A	Aiddle Last)			Dead	CIIC		18 MOT	HER'S NA	ME (First, Midd	-			
		Varias, S	Sr				100	atri		lenrie			
19a, INFORMANT'S NAME (varias, i)I •	105 14411 1511	ADDOCCO	/Dames*	_		Ce n			Codel	
2000		n Cm		III TO THE PROPERTY OF THE PARTY OF THE PART								,	
Ernesto V.	77.77	s, or.							n Hill				
1 X Burial 2 Cremati 4 Donation 5 Othe	on 3 🗆 Rem r (Specify)			ther place)	n Nat	ion	al C	emet		Ar1i	ingto	n, Va	
21. SHOMATURE OF FUNER	L SERVICE LA				22. N	Geo	rge	ss of FA	alas F	unera	al Ho	me	
23. PART I. Enter the c	X	ou l							i11 Rd			<u> </u>	d .
disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY	tions,	b	(OR AS A C	DULTES ONSEQUENCE O									
CAUSE, Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	шту	c. DUE TO	(OR AS A C	ONSEQUENCE (OF):								
PART II. Other signific	ant condition	ns contributing to	death but	not resulting	in the uno	dariyir	g cause	given in	Part I. 24	In. WAS AN			RE AUTOPSY FINDINGS
									×	PERFORI		CC Of	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL	T				28. F	LACE OF D	DEATH (C)	heck only one)				
EXAMINER?		HOSPITAL:	FR/Output	lent 3 🗆 DOA	OTHER	:				neoff (SCEI	ME'	
27. MANNER OF DEATH		28a. DATE OF	FINJURY	28b. TII	ME OF	28c. IN	JURY AT	wardence	© Other (5 28d. DE\$CF	• •			· · · · · · · · · · · · · · · · · · ·
1 Natural 5	Pending	(Month, I		IN	OPM	W	ORK? YES 2	3/100					y tractor
Accident 3 Suicide	Investigation Sould not be determined	28e. PLACE (- Al home, farm,		ory, offi	ce	****	28f. LOCATI	ON (Street a	nd Number	or Rumi Roui	Number, trail 414,0xor
227.73							ad						
29a. CERTIFIER 1 CEF (Check only one) 2 ME	HITTEYING PHYS	ER: On the best of	f my knowled	ige, death occur and/or investigati	red at the tir ion, in my op	me, dat pinion,	e end place death occu	end due	e to the cause time, date an	(e) and man	ner as state	ceuse(s) e	ity, Maryl
29h SHEMATURE (NO. PHYS	or county	4					29c. LIC	ENSE NU	MBER		29d. DATE	3-23-	onth, Day, Year)
DE HAME AND ARTHESS	F PERSON WI	O COMPLETED CAL	ISE OF DEAT	H (ITEM 27) (Typ	e, Print)								
FRANK PER			ADIC CICLIC			nn	Stre	et,B	Baltimo	ore,M	212	01	7
31. DATE FILED (Month, De)		Julia	Davidsen	N-Rundal	2								

burial-transit permit. Pages 1, 2, 3 should

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the 10 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be demube filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAI

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

D 21203-3146

BALTIMORE,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and a second of the control of the con	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by he find within 27 hours after death with the State Bent of Health and Mental Hotlene prior to burial, cremation, or rem	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	xecute	and co	atic
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	FOR STATE REGISTRAR	STATE OF MARYLA				EALTH AND	MEN1	AL HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH			3. TIME OF	DEATH	
	SHARON STRA	HESED VOCE	T					rch of	5	1990	11'17	A	м
	4. SOCIAL SECURITY NUMBER		in yrs. lest birthde,) HE LINIDE	R 1 YEAR	IF UNDER 24 HR		TE OF BIRTH)		HPLACE (Stat	n or Fomion	
		.0		MONTHS	DAYS	HOURS MIN	(Me	onth, Day, Year)		Counti	try)		
- 1	216-44-8487	1 U M 2 UXF 4	2 YRS.				Jυ	inel3,	L947	Per	nnsyl	Lvani	La
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CIT	Y, TOWN C	OR LOCATION OF	DEATH		9c. COU	INTY OF D	DEATH		
DIRECTOR	71 Spa Road			I A	nnat	oolis			Ann	e A	runde	1	
5	RESIDENCE OF DECEDENT			1 45	ALAICI	70110			100 1144	C	Land	<i>y</i> - 4.	_
Ä	10e. STATE 10b. COUNTY		10c. C	ITY, TOWN	OR LOCAT	ION					10d. INSID	E CITY	
<u> </u>	Maryland Anne	Arundel		Anna	roli	C					1 YES		
	10e. STREET AND NUMBER	MIGHTEL		AIIII		. ZIP CODE			10a, CIT	IZEN OF	WHAT COUN		_
FUNERAL					"								
빌	71 Spa Road					214	- un-			.S.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13.	WAS DEC	ENDENT OF HIS ecity Cuban, Me	PANIC ORI	GIN? (Specify Yes	or No—	14. RACI	E — America k, White, etc	in Indian,	
BY	1 Never Married 2 Married	IF YES, GIVE WAR OR DA				2 NO Sp		to racari, etc.)		Spec		i	
	3 Wildowed 4 Divorced									W]	hite		
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT	S USUAL (CCUPATIO	ON		16b. KIND OF BU	SINESS/IN				
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT	work done use retired.)	during mo	at of working							
7	Elementary/Secondary (0-12)	5 +	To	ache	~			Publi		oh o	٦.		
COMPLETED	17, FATHER'S NAME (First, Middle, Lest)	3 ,	16	ache	Ι.					CHO	31		_
8						18. MOTHER'S	NAME (Fin	st, Middle, Malden	Sumame)				
BE	William E. St	rausser, J	r.			Sa	ra H	oover					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRES	S (Street a	and Number or Ru	ral Route N	umber, City or Tow	n, State, Zi	p Code)			
2	Sara H. Strauss	ar	71	Sna	Ros	d. An	nanc	lis, N	(D 2	740	1-		
	20a. METHOD OF DISPOSITION		PLACE OF DISE	-				7			own, State		
	1 Burial 2 Cremation 3 Remo	val from State	other place)			Con The Paris		2				(1	
	4 Donation 5 Other (Specify)		etrop					IAL	exan	dri	a, VA		_
	21. SIGNATURE OF FUNERAL SERVICE LIE	ENSEE //				ND ADDRESS OF		Chan	. 7		2.7	1401	
	Donald X	Ter the						Chap					
	23. PART I. Entar the diseases, or c	7-11-0	late de et D		47	Louce	ster	St. A	inna	DOT:			_
	shock, or heart failure.	iat Only one cause on a	i tha daath, Do ach iine.	not anta	r tha mo	as of aying,	such as c	ardiac or resp	iratory si	rest,		roximata rvai Betwe	en
	IMMEDIATE CAUSE (Finel											et and De	
	disease or condition	A	en-x	_	C	ence	1-1				5	740	2
H	resulting in desth)	DUE TO (OR AS A	CONSEQUENCE	OE)									
- 1				.,.							i		
CERTIFICATION	Sequentielly list conditions,)											
Ĕ	If any, leading to immediata	DUE TO (OR AS A	CONSEQUENCE	OF):							-		
3	CAUSE (Disease or Injury												
드	that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):									
E	resulting in daeth) LAST												
8													
4	PART ii. Other significent condition	a contributing to death b	ut not resultin	g in the u	nderlyin	g ceuse giver	in Part i	. 24a. WAS AN		24	b. WERE AUTO		GS
3								1 TYES	-1		COMPLETIO	ON OF CAUSE	E
입								1 1 123	No.		DF DEATH?		
Σ											1 TYES	2 NO	
PHYSICIAN: MEDICAL													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH	(Check only	y one)					
S	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	etlent 3 🗆 DOA	OTHE		ne 5 Resider	ce 6 🗆 C	ther (Specify)					
\(\)	27. MANNER OF DEATH	26a, DATE OF INJURY	26b. 1	IME OF	28c. IN.		_	DESCRIBE HOW	INJURY O	CCURED			_
	1 Natural 5 Pending	(Month, Day, Year)		INJURY	WC	DRK7	14550						
BY	2 Accident Investigation					YES 2 NO							
	3 Suicide 6 Could not be	26s. PLACE OF INJURY building, etc. (Spec	— At home, ferr	n, street, fa	ctory, offic	ca .	281, 1	OCATION (Street City or Town, State	and Numbi	ar or Rural	Route Numbe	9C	
=	4 Homicide determined												
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge death occ	urrad at the	time deta	and place and	due to the	councies and	oner es ci	sted			
A I	cool only										(a) and		
COMPLETED	A LI MEDICAL EXAMINE	R: On the basis of exemination	andor investige	non, in my	ориноп, (sesti occured at	trie time, (sete and place, at	nu dua to	me cause(e) and mann	er as stated	•
BE (296. SIGNATURE AND TITLE OF CERTIFIER	0 0				29c. LICENSE					D (Month, De		
	Stuhn 6	Lambo				DO	117	25	13	15-21	6-2	(3)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CARGE OF DE	ATH (ITEM 27) (E	ma Drint)							-		_

Dutchman's Lane, Easton, MD 21601

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Carney, M.D.

1990 32. REGISTRAN'S SIGNATURE

Julia Davidson

Stephen P.
31. DATE FILED (MINAR 2017)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zowours after death. Page 6 may be retained by the hospital or attended to the hospital or attended to the property of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be study within 20 hours after death with the State Deat of Health and Mental Hydiene prior in burial cremation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

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THE STATE OF A COUNTY NUMBER 1 to STATE 1 S. SEX SECONITY NUMBER 1 S. S	ND MENTAL HYGIENE	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	1					
A JOAN SECURITY NUMBER S. SEX N. AGE (pr. pr. her bendon) From the product Table Tab	2. DATE OF DEATH	OECEDENT'S NAME (First, Middle, Last)						
STREET AND NOISIBLE STREET SITE COOR 218001 Sign Critizen of Wisser COUNTRY 21801 Sign Critizen of Wisser COUNTRY 21801 Sign Critizen of Wisser COUNTRY Sign Criticen Sign Critizen Sign Criticen Sign Criti	HMS. 7. DATE OF BIRTH (Month, Day, Year) DEC. 25, 1888 SUNBURY, N.C.	213-16-7292 1 G M 2 🔀 F 101 YRS. MONTHS DAYS HOURS MIN						
STREET AND NOISIBLE STREET SITE COOR 218001 Sign Critizen of Wisser COUNTRY 21801 Sign Critizen of Wisser COUNTRY 21801 Sign Critizen of Wisser COUNTRY Sign Criticen Sign Critizen Sign Criticen Sign Criti		PENINSULA GENERAL HOSPITAL SALISBURY.	TOR					
DECEMBER SINCE WAS A CONSCOUNCE OF: TYES, QUEE WAS GOOD AND Specify TYES, QUEE WAS GOOD AND Specify TYES, QUEE WAS GOOD AND Specify TYES, MADE First, Microsia, Cast) THE PATHET'S NAME First, Microsia,		The State of the S	- 11-					
DECEMBER SINCE WAS A CONSCOUNCE OF: TYES, QUEE WAS GOOD AND Specify TYES, QUEE WAS GOOD AND Specify TYES, QUEE WAS GOOD AND Specify TYES, MADE First, Microsia, Cast) THE PATHET'S NAME First, Microsia,		701.21	ERAL					
DOBESTIC College (14 or 5 +) DOMESTIC The property of the pro	Mexicon, Puerto Rican, atc.) Specify: Specify:	Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mex	BY					
THE NEW WHITE 190. INFORMANT'S NAME (PopePrint) LERDY WHITE 200. METINDO OF DEPORTHON 110 Build 2 Commandors 1 Chief (Specify) 210. LERDY WHITE 200. METINDO OF DEPORTHON 110 Build 2 Commandors 1 Chief (Specify) 210 CAN METINDO OF DEPORTHON 110 Build 2 Commandors 1 Chief (Specify) 210 CAN METINDO OF DEPORTHON 110 Build 2 Commandors 1 Chief (Specify) 210 CAN METINDO OF DEPORTHON 110 Build 2 Commandors 1 Chief (Specify) 210 CAN METINDO OF DEPORTHON 110 Build 2 Commandors 1 Chief (Specify) 210 CAN METINDO OF DEPORTHON 211 CAN METINDO OF DEPORTHON 212 CAN METINDO OF DEATH 1 CHief eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 240 CASE REFERENCE TO MEDICAL 250 CASE REFERENCE TO MEDICAL 250 CASE REFERENCE TO MEDICAL 251 CASE REFERENCE TO MEDICAL 252 CASE REFERENCE TO MEDICAL 253 CASE REFERENCE TO MEDICAL 254 CASE REFERENCE TO MEDICAL 255 CASE REFERENCE TO MEDICAL 255 CASE REFERENCE TO MEDICAL 257 CAN MEMBER? 1 CAN MEMBER	27.75.76.26.7.20.77.76.2	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.] [Give kind of work done during most of working life. Do NOT use retired.]	IPLETED					
The MALING ADDRESS SINGER and Number of North Number, City or Rown, State, Zip Code) LEROY WHITE 20. METNOO OF DISPOSITION 20. LOCATION — City or Town, Sigile SAL ISBURY, MD. 21801 21. MARK AND ADDRESS OF FACILITY JOLLEY MEMORIAL CHAPEL, RTE. 2, 80X 92 SAL ISBURY, MD. 21801 22. NAME AND ADDRESS OF FACILITY JOLLEY MEMORIAL CHAPEL, RTE. 2, 80X 92 SAL ISBURY, MD. 21801 23. PART I, Enter the diseases, or confightedions they caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory errest, interval By Onset and Immediate cause. Enter UNDERLYING CAUSE (Fill Desease or Injury) MEMORIAE CAUSE (Fill Indeed) ADDE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ARX II. Other eignificant conditions, and indeed to the consequence of the consequ			ш					
22. NAME AND ADDRESS OF FACILITY JOLLEY MEMORIAL CHAPEL, RTE. 2, BOX 92 SALISBURY, MD. 21801 23. PART I, Enter the diseases, or confifications the focused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, about, or heart feiture. List only one ceals on each line. IMMEDIATE CAUSE (Finel disease or conditions, resulting in death) BY 1 OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 28. PLACE OF GEATH (Check only one) 29. PLACE OF MAJUNY 1								
JOLLEY MEMORIAL CHAPEL, RTE. 2, 80X 92 SAL ISBURY. MD. 21801 23. PART I, Enter the disease, or confidence the ceuse of the deeth. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heart feliure. List only one cades on each line. MMEDIATE CAUSE (Finel disease, or condition) REPART II. Other resulting in death) B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, crematory or State Comments of SALTSRIRY M).							
23. PART I., Enter the diseases, or configlications thel/caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory errest, inhock, or heart felture. List only one cease on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. SPLAT J. Security of the conditions of the cause of the	MORIAL CHAPEL, RTE. 2, BOX 920 ISBURY, MD. 21801	Loretta La Jolley JOLLEY MEM						
PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 1 YES 2 NO	, such es cerdiec or respiratory errest, Interval Between Onset end Death	ahock, or heert fellure. List only one ceilse on each line. MMEDIATE CAUSE (Finel lisesse or condition a Septical Septi						
PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 1 YES 2 NO		I eny, leeding to immediate sause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events DUE TO (OR AS A CONSEQUENCE OF):	ERTIFICATION					
Accident 2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date and place, end due to the cause(a) and manner as stated. 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE		. 13					
Second S	TH (Check only one)	EVAMINED?	CIAN:					
2 Accident Investigation Suicide Suici	28d. DESCRIBE HOW INJURY OCCURED	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 OOA 4 Nursing Home 5 Reciden 7. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK?						
29d. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) 29d. 174 () 3/174 () 3/174 ()	281, LOCATION (Street and Number or Rural Route Number,	2 Accident Investigation 3 Suicide 8 Could not be building, etc. (Specify)	0					
29d. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) 29d. 174 () 3/174 () 3/174 ()		(Check only Charles and Physician: 10 the best of my knowledge, deeth occurred at the lime, date end place, end	OMPLE					
O JOURNAL AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Origin	SE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3/17/90	Gratin 7. D. M. Leng DI	ш					

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BOD 640 princess A

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A 22. REGISTRAR'S SIGNATURE

Lia Davidson Mandall:

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JITE HOSTIAL DA ALLENDING THISIAN THE MATERIAL OF THE POST OF THE	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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34.11	ERA	in 7	=
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	1 - FOR STATE REGISTRAR	STATE OF MAR		PARTMENT OF I		MENTAL	HYGIEN REG. NO.	_		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (OF DEATH			3. TIME OF DEATH
	MARY	KATIE		WAINWRIGHT			H 11,		YEAR	м
- 9	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birth		IF UNDER 24 HRS.	7. DATE C			. BIRTH!	PLACE (State or Foreign
. 1	220-28-2646	1 🗆 M 2 💢 F	85 YI	RS. MONTHS DAYS	HOURS MIN.	3-	15- 1	904 M		LAND
	90. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNT	Y OF DE	ATH
DIRECTOR	RT 2 BOX 76			PARSO	NBURG			WICC	MIC	0
HE	10a. STATE 10b. COUNT	ľ	100	CITY, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
-	MARYLAND WI	COMICO		PARSON				r		1 YES 2 X NO
RA				10	f. ZIP CODE			10g. CITIZE		HAT COUNTRY?
FUNERAL	RT 2, BOX 76	T			218				US	
5	1 Never Merried 2 Married	12. WAS DECEDENT EVI	ES 2 NO	If yes, sp	CENDENT OF HISPA ecity Cuben, Mexico	an, Puerto R		or No—		— American Indian, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR O	A DATES	1 🗌 YES	2 XNO Specif	try:			Specif	WHITE
ED	15. DECEDENT'S EDU	CATION	16a, DECEDE	NT'S USUAL OCCUPATI	ON	166.	KIND OF BUS	SINESS/INDUS	STRY	MULIE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kir.	ed of work done during me IOT use retired.)		1000				
7	7 YEARS	conege (1-4 of 5 +)	н	DUSEWIFE			1	HOME		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		110	JOODWII L	18. MOTHER'S NA	AME (First, M				
	LEVIN T.	TAV	TON		ELIZA	RETH		n.	RUI	արար
BE	19e. INFORMANT'S NAME (Type/Print)	LAI	The state of the s	ILING ADDRESS (Street			er, City or Tow			II
2	DAVID WAINWRIGH	r	BOX	400 ,DEL	MAR MD	2.1	875			
	20a. METHOD OF DISPOSITION 3/ 1 & Burlai 2 Cremation 3 Rem		20b. PLACE OF D	ISPOSITION (Name of ce			1	CATION — CI	ly or Tox	wn, State
	1 St Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) BETHEL	CHURCH CE	METERY		WAT	STON	SWT	TCH, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			ND ADDRESS OF FA	ACILITY			OWI	1011, 110
	D //1/2/	100							2.00	0.100.1
-	W/L/1		7		NOW HILL					
	23. PART I. Enter the diseases, or shock, or heart failure.	List Dnly Dne cause [n sech line.	Do not enter the me	ode of dying, suc	ch as card	iac or respi	iratory srres	st,	Approximate interval Between
	IMMEDIATE CAUSE (Final		1-0	-1	-					Onset and Death
	disesse or condition resulting in death)	· myou	narol	in you	cum					hours
		aug to (an	AS A CONSEQUEN	in for	2-04	Low	2 1			
Z	Sequentially list conditions,	" Coron	lary c		- Section					pars
Ĕ	If eny, laading to immediate cause. Enter UNDERLYING	DUE TO 19th	AS A COMPEQUEN	CE OF):	2.0					0
CERTIFICATION	CAUSE (Disease or Injury	c	CONSEQUEN	ever	~					spars
Ë	that initiated events resulting in death) LAST	not to foil	No-in Consequen	CE OF JE						10
崇		4								-
	PART II. Other significant condition	s contributing to dea	th but not resul	ting in the underlying	g cause given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
5							1 TES 2	IMED!		AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀						_		7		OF DEATH?
-						_				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only one	9)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/	Outpetient 3 🗆 D	OTHER:	ne 5 Mesidence	6 □ Other	(Specify)			
H	27. MANNER OF DEATH	28e. DATE OF INJU	JRY 28t	TIME OF 28c, IN	JURY AT			NJURY OCCU	RED	
	Natural 5 Pending	(Month, Day, Ye	ear)	and the second s	ORK? YES 2 NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN.	JURY — At home, f	erm, atreet, factory, offi	:0			and Number of	r Aural A	loute Number,
LED	4 Homicide datermined	building, etc.	(Specify)			City o	or Town, State)			
COMPLET	290. CERTIFIER 15 CERTIFYING PHYS	ICIAN: To the best of my i	raculadas duebas	and the state of the						
8	ana)	ER: On the basis of examin								and manner on stated
8							end place, el			
8	296 Signature of Dirive of Centrice	(a) /C			29c. LICENSE NU			29d, DATE	SIGNED	(Month, Day, Year)
2	THE AND ADDRESS OF THE	D COMPLETED CAUSE OF	DEATH STORES	Con Delast	DE 207	(3	15	190
	to. 0 1-	COMPLETED CAUSE OF			11.	X -	100			
	JACK C. LEWIS. 31. DATE FILED (Month Day Year)	/// D PO		9 Jelbu	luille, 1	クヒ	199'	10		
3	MAR 2 1 90	Suna Capacita	43.00							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BE COMPLETED

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REGISTRAR	141141 1 11			CENTI	ICAI	E UF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First									TE OF DEATH	Y	YEAR	3. TIME OF	-
JANET 4. SOCIAL SECURITY NUM			LTHE		T .				03 15	19	90	9:3	-
579-46-96		5. SEX 1 M 2 F	8. AGE (h	yrs. last birthday) YRS.	MONTHS	DAYS	HOURS MIN.	(Mi	TE OF BIRTH onth, Day, Year) 7 - 19 - 1	916	Countr	PLACE (State y) rylat	
9e, FACILITY NAME (If not is	stitution, give s	treet end number)			9b. CIT	Y, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF D	EATH	
SALISBURY		NG HOME			SA	LISB	URY			WIC	COMIC	:0	
10e. STATE	10b. COUNTY	r		10c. CI	TY, TOWN	OR LOCA	TION					10d. INSIDI	
MD	Wico	omico			Sal	lisb	urv					1 X YES	
100. STREET AND NUMBER	7						f. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNT	TRY?
1000 Bea	alin	Park D	٠.				21801			U.	S.A		
11. MARITAL STATUS	0	12. WAS DECEDEN		U.S. ARMED	13	WAS DE	CENDENT OF HISPA	NIC OBI	GIN? (Specify Vee	or No	14 BACE	— America	n Indian
1 Never Married 2 3 Divi		FORCES? 1	YES	2 XNO		If yes, sp	ecity Cuben, Mexico 3 2 X NO Specif	nn, Puer	to Rican, etc.)	01110	Biack	y: White, etc.	
15. DEC (Specify on Elementary/Secondary (EDENT'S EDUC y highest grade	CATION completed) College (1-4 or 5	+)	18e. DECEDENT' (Give kind o	S USUAL (work done use retired.)	during me	ON ost of worlding		16b. KIND OF BUS	INESS/IN	DUSTRY		
12				Medic	al S	ecr	etary		Columb	oia	Hosp	oita]	L
17. FATHER'S NAME (First, A	liddle, Last)						18. MOTHER'S NA	AME (Fire	st, Middle, Malden	Surname)			
Royal			Mou	lton			Me	rv		1.1	nkno	- W I	
190. INFORMANT'S NAME (Type/Print)			19b, MAILIN	G ADDRES	S (Street	and Number or Rural		umber. City or Town			7,4411	
Jeffrey	Walt	her		11112000000	3 E				isbury				24004
20s. METHOD OF DISPOSIT			20h				metery, cremetory or	01.			City or To		1801
1 Burlel 2 XCremati	on 3 🗆 Rem	oval from State	Ca	other place He	nlop	en	Cremato	rv				d, De	- 1
21. SIGNATURE OF FUNERA		CENSEE					ND ADDRESS OF FA			- CITIC		-,	- L =
► B. 1	Keitt	t Ph	ppu	~			ds Fune		l Home	Sal	isbu	ıry,	Mary:
23. PART I. Enter the c shock, or h IMMEDIATE CAUSE (FI disease or condition	eart failure.	Complications the	nt caused use on ea	the death. Do			ode of dying, suc	ch sa c	ardiac or reapi	ratory sr		Appr	oximate vai Between et and Death
resulting in death)	→	a. De Coue To	(OR AS A	CONSEQUENCE	OF):	con	- a	g-	Ruma	7			
Sequentially list conditions, leading to immediate. Enter UNDERLY	diate ING	b. OUE TO	(OR AS A	CONSEQUENCE	0F):	a	Meros	ch	87	•			
CAUSE (Disease or inject that initiated events resulting in death) LAS	· .	d.	(OR AS A	CONSEQUENCE	OF):								
PART II. Other signific	ent condition	na contributing to	death be	ut not resulting	in the u	ınderiyir	ng cause given in	Part i	. 24a. WAS AN PERFOR	MED?	24b	AVAILABLE	N OF CAUSE
										<u> </u>		1 YES	
	O MEDICAL						LACE OF DEATH (C)						

1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated.

nation end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner as stated.

29c. LICENSE NUMBER D29349

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

William H. Robins, M.D., 1104 Healthway Drive., Salisury, MD 21801

31. DATE FILED (Month, Day, MAR 1 9 '90 32. REGISTRAR'S SIGNATURE dia Davidson Minds

296. SIGNATURE AND TITLE OF CENTIFIER

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	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detac		marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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3	After	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Па

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1235 MM ROLAND TIMOTHY 3 IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign Country) A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 218-80-5025 1 M M 2 | F 10 61 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT 1517 Blue House Road bout DIRECTOR well RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10h COUNTY 10d. INSIDE CITY Maryland Harford Street 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 1517 Blue House Road U.S.A. 21154 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 X NO Specify: Black BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10 Unemployed 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Beatrice Virginia Stump Robert Leroy Webster BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 0 Beatrice Webster 1517 Blue House Road, Street, Md. 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Berkley Memorial Cemetery Darlington, Md. 21. SIGNATURE OF FUNERUL SERVICE LICENS! 22. NAME AND ADDRESS OF FACILITY
Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest. Approximats shock, or hasrt failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel disease or condition Lavania resulting in death) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to daeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO 1 - YES 2 1 MO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 100 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident
3 Sulcide Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 6 Could not be 4 | Homicide determined COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. o Kly Med Ecameren 266, SIGMA JUNE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE Cal 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

COLFER, MD

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 5 mounts be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL	HYGIE REG. N	
. 0	DECEDENT'S NAME (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·	2. DATE O	F DEATN	0.41

	1 - STATE REGISTRAR	SIAIE UF I		RTIF	ICATE OF	DEATH		G. NO.		
	1. DECEDENT'S NAME (First, Middle, La	st)					2. DATE OF DE	ATN		3. TIME OF DEATN
		MAGDELYN	N M. WA	ALIO	R		3/22	/90 A	YEAR	3:20 p. M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF	TTN	8. BIRT	NPLACE (State or Foreign
	577-24-0885	1 □ M 2 🕁 F	74	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,		Cour	rginia
	9e. FACILITY NAME (If not institution, gi	ve street and number)	7 -		9b. CITY, TOWN C	R LOCATION OF DE	Dec.10		COUNTY OF	
F.	MONTHOOMEDIA OF	NEDAT HOOF	TOTAT		OT NIT	75.7		,	10NTGO	MEIDV
Ĕ	MONTGOMERY GER	NERAL HUSE	/ITAL		OLNI	L.X.		1 1,	TOMEGO	MINI
R	10e. STATE 10b. COU			10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
٥	Maryland	Montgome	ery		Rockvi					1 X YES 2 NO
₹ I	10e. STREET AND NUMBER					ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?
剪	14016 Bardot					353			USA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced		IT EVER IN U.S. ARI YES 2 XN WAR OR DATES		If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexica 2 XNO Specify	n, Puerto Ricen,		Bla	CE — American Indian, ck, White, etc. City: White
	15. DECEDENT'S E (Specify only highest gi		18e. DEC	CEDENT'S	USUAL OCCUPATIO	ON et of working	18b. KIND	OF BUSINES	S/INDUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done during mo se retired.)	or or morning				
M M	1-12	N/A	Di	letic	cian				er Hot	e1
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	_				18. MOTNER'S NA	ME (First, Middle,	Meiden Surna	ime)	
BE	Jack McMul	lan					ine Jer			
2	19e, INFORMANT'S NAME (Type/Print)					nd Number or Rural i	11-2-11-2			
	Ferd J. Wa	lior				St., Roo				
	20e. METHOD OF DISPOSITION 1∑ Burlei 2 ☐ Cremetion 3 ☐ F	lemoval from State	20b. PLACE (ice)	SITION (Name of cer				ON — City or	
	4 Donation 5 Other (Specify)	THE PARTY OF THE P	2000	Fort		1 Cemete		Brent	wood,	Maryland
ne sh	· Xhilo	Delina	lde		Hines	/Rinaldi	i Funer			Md. 20904
CERTIFICATION	ahock, or ideart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	a. DUE TO	OR AS A CONSEC	QUENCE O	IF):	C2V	dizi		7,5	interval Between Onset and Death
	PART ii. Other aignificant condi	tions contribution to	death but not n	a a ultima	In the underlyin	n navan elven la	Part I 24a	WAS AN AUTO	oney la	Ib. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	More		Jacket Bat Hot I			9 0 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		YES 2	?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICA	ī į			28. P	ACE OF DEATH (Ch	neck only one)		1	
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER: 4 - Nursing Non	e 5 🗌 Reeldence	8 Other (Spe	cify)		
ву РНУ	27. MANNER OF DEATN T Metural 5 Pending Provestigate		F INJURY Day, Year)	28b. TIR	JURY WO	URY AT DRK? YES 2 NO	28d. DESCRIBE	E NOW INJUF	Y OCCURED	
	2 Accident Investigate 3 Suicide 8 Could not 4 Homicide determine	be 28e. PLACE (OF INJURY — At ho , etc. (Specify)	me, ferm,	street, factory, offic	•	281, LOCATION City or Tow		lumber or Rura	l Route Number,
COMPLETED	(Oriotic Orin)	HYSICIAN: To the best of								e(s) end manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERT	200	ISP OF DEATH (177	N 27 /3-	2	29c. LICENSE NUI	MBER 275	290	MEVO	ED (Month, Day, Year)
	OHN ROGERS, M.D.	-				oad, Sil	War Cn	cino	M4 24	2010
	31. DATE FILED (Month, Day, Year) 90	32 REGISTR	AR'S SIGNATURE			للدن وسم	ver Shi	TIIK,	riu. Zi	7710
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IT THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH STALLINGS 1. DECEDENT'S NAME (First, Middle, Last) DOROTHY WILKINS 2. DATE OF DEATH 14, 1990 3. TIME OF DEATH DOROTHY March 8.10P 1970 14. 5. SEX 7. DATE OF BIRTH 1921 8. BIRTHPLACE (State or Foreign S. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 - M 2 XF 69 February 4, 578-36-2951 YRS. North Carolina 9e. FACILITY NAME (if ngt institut) 9b. CITY, TOWN OR LOCATION OF DEATH COUNTY OF DEATH ANY DIRECTOR HORGE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO Maryland Prince Georges Bowie 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WNAT COUNTRY? 12605 Knowles 20715 United States Lane 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 XNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 X Widowed 4 Divorced Black. ETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementery/Secondery (0-12) College (1-4 or 5 +) COMPL 11th grade Retired/Office Clerk US Dept. of Interior 17. FATHER'S NAME (First, Middle, Last) **Stallings** Katie Cornelius Kellev BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Roland R. Stallings (brother) 3228 North Braford Street, Dale City, Virginia 22193 20a METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Brentwood, Maryland 4 Donation 5 Other (Specify) Fort Lincoln Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Latney's Funeral Home alke mon 3831 Georgia Avenue, N.W.; Wash.D.C. 20011 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart feliure. List only one cause on sech line. Approximata Interval Between Oneat end Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) ARTERY DISEASE CREMMRY CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, laeding to immediate cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE SEPSUS 1 YES 2 NO OF DEATH? RENAL FAILURE 1 TYES 2 NO EMPHYSEMA PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 NES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation M 1 YES 2 NO BY 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

Thank only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CHITIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Win ? 3-14.1790 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) -House 4700 13 ERWYN RD. College PIC

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PITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-riours after death, Page 6 may be retained by the h	FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detain	atior	f: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	FOR STATE REGISTRAR		SIMIL OF M	ARYLAND / Ce		ICATE					REG. NO.	5		
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1	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. las		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			IPLACE (State or Foreign
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1. DECEDENT'S NAME (Fin	st, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
Benjami			We	elch	1		1990	2:00 P M
4. SOCIAL SECURITY NUM			MO	UNDER 1 YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign intry)
219-12-4160 9e. FACILITY NAME (II not	institution, give street end num		YRS.	. CITY, TOWN OR LO		JUNE 1, 19	926 MA	RYLAND
Physicia RESIDENCE OF DE	ns Memoria	1 Hosp	ital I	a Plata		· · · · · · · · · · · · · · · · · · ·	Charle	s
Physicia RESIDENCE OF DE 100. STATE MARYLAND	CHARLES			AN HEAD				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBE 624 ELDER P 11. MARITAL STATUS 1 Never Married 2				10f. ZIP				F WHAT COUNTRY?
624 ELDER P		ECEDENT EVER IN	U.S. ARMED	206		C ORIGIN? (Specify Yes		JSA NCE — American Indien,
1 Never Married 2 3 Widowed 4 Di	Merried FORCE		2 NO		Cuben, Mexicen	, Puerto Ricen, atc.)	BI	ecity: WHITE
15. DE (Specify of Elementary/Secondary	CEDENT'S EDUCATION nly highest grade completed)	I-4 or 5+)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATION done during most of vitined.)	vorking	16b. KIND OF BUS	SINESS/INDUSTRY	
11TH GRADE	(U-12) College (14 0(5 7)	AUTO MECI	HANIC		AUTO II	NDUSTRY	
17. FATHER'S NAME (First,	Middle, Last)				MOTHER'S NAM	NE (First, Middle, Maiden		
BENJAMIN C	ECIL WELCH			R	UTH AN	N DEANS		
198. INFORMANT S NAME			2000			oute Number, City or Tow		
FIFFIAN 241		Two	PLACE OF DISPOSITION			N HEAD, MAI	CATION — City or	
1X Burtal 2 Cremat 4 Donation 5 Oth	TTION fon 3 Removal from 5 er (Specify)	tote M	ARYLAND VI			The second of th		MARYLAND
21. SIGNATURE OF FUNEY	10 KROL	LanA	2	P O ROY		THE HU	NTT FUNE	RAL HOME, INC. 20604-0156
Sequentially liet condition resulting in death) Sequentially liet condition farry, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) Lie	Itions, lediate Ying jury	DUE TO DR AS A	CONSEQUENCE OF CONSEQ	Res	len Lon Xhi	Any (rse Ju	Onset and Death
	cent conditions contribu	iting to death bu	ut not resulting in t	the underlying ced	use given in	PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL HOSPI	AL:	- 0	26. PLACE	OF DEATH (Chi	ck only one)		
1 VES 2 NO		lent 2 ER/Outpo	atient 3 DOA 4	☐ Nursing Home 5			NI HIGH COMPE	
		DATE OF INJURY 'Month, Day, Year)	20b. TIME O INJUR			28d. DESCRIBE HOW	INJURY OCCURED	
3 Sulelda		PLACE OF INJURY building, atc. (Speci	— At home, farm, stre	et, factory, office		28t. LOCATION (Street City or Town, State)	and Number or Rui)	al Route Number,
CONSON ONLY	RTIFYING PHYSICIAN: To the							ne(e) end manner ee stated.
296. SIGNATURE AND TIT	July 19	$\mathcal{U}\mathcal{U}$	Luny		LICENSE NUN	D629.	≥ 3	IED (Month, Day, Year)
10	OF PERSON WHO COMPLE	TR	ven	7 (AP.	189V	7 M	120 PM
31. DATE FILED (Month, DE	9, Year) () 90 32. F	Fulia David	son-Randell	•				

3													9	N	10	161
	1 - FOR STATE REGISTRAR		STATE OF M		DEPAR						YGIENI EG. NO.	E			10	
	1. DECEDENT'S NAME (First, A	Middle, Last)	Edna	Blackis		Wa	llac	:e		2. DATE OF D	EATH DA	Y	YEAR	3. TIME	OF DEA	
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	2. DATE OF B	INTH.	- 9	A BIRTH	PLACE /	State or Fe	M M
	220-20-7024		1 🗌 M 2 🔀 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 3	, 18	97		ylar		July
	9e. FACILITY NAME (If not insti	itution, give stre	et and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE			9c. COU	NTY OF D	EATH	1	
OR	Citizen/	NUR	sing to	tone		H	AUR	e i	De	FRACE		H	AR-	FOR	d	
DIRECTOR	10e. STATE	10b. COUNTY			10c, CIT	Y, TOWN (OR LOCAT	ION						10d. IN:	SIDE CIT	,
DIR	Maryland	Ha	erford			Edge	WOOO	l							MITS?	NO
AL	10e. STREET AND NUMBER	1.5	-				101.	ZIP CODE				10g. CIT	IZEN OF V	VHAT CO	UNTRY?	
FUNERAL		vood Ro						210	740			Ţ	JSA			
F	11. MARITAL STATUS 1 Never Merried 2 M			YES 2 X	MED		If yes, spe	cify Cube	n, Mexica	IIC ORIGIN? (S _i		or No—	14. RACE Black	E — Ame k, White,	rican Indi	ien,
В	3 Widowed 4 ☐ Divorc		IF YES, GIVE W	AR OR DATES			1 TYES	2 XNO	Specify	r:			Whi	te		
03		DENT'S EDUCA		/G	CEDENT'S	work done			na	18b. KIN	D OF BUS	INESS/INI	DUSTRY			
9	Elementary/Secondary (0-1		College (1-4 or 5+)	1160	Do NOT u	se retired.)	Teac			Boar	d of	Edu	cati	.on		
COMPLETED	17. FATHER'S NAME (First, Mide	Idle (set)	1		SCI	IOOT	reac		uppië Ma	ME (First, Middle	Maldan	Common and	_		_	
2			ackiston							Eliza			lber	t		
TO B	190. INFORMANT'S NAME (Type Olive W. Lar			32	204 I	ADDRES	s (Street a	nd Number	or Aural J Musi	Route Number, C	Mi Town	1944	Code)			
	20e. METHOD OF DISPOSITIO	ON		20b. PLACE	OF DISPO	SITION (N	ame of cen	netery, cren	natory or		20c. LO	CATION —	City or To	wn, Stat-	•	
	1 Donation 5 Other (S	Specify)	ral from State	R. A	. Fei	cris	Crer	nator	сy		Wes	st Ch	neste	er,	Pa.	
	21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE	200	117	Ho	NAME AND Ward		McC	omas II ry Road						
	23. PART I. Enter the dis	eases, or co	mplicationa that	caused the de	ath. Do									I A	pproxim	ate
	IMMEDIATE CAUSE (Fina disesse or condition		at only one caus	on each line	,		m	0=	- 0 -	_					nterval E Inset an	
	resulting in death)	a.	DUE TO	OR AS A CONSE	DITENIOR O	D.	-	RE						+		
z	Sequentially list conditio	ь.	Co	RONSE OR AS A CONSE	4/21	1	AR	TE	FRY	X P	SE	751				
CERTIFICATION	If any, leading to immedicause. Enter UNDERLYIN	late	DUE TO													
FIC	CAUSE (Disesse or injury		DUE TO	OR AS A CONSE	PIC DUENCE O		10	KO	315					-		
H	resulting in death) LAST															
1	PART II. Other significant	t conditions	contribution to	dooth hut not a	a a celtila a	In the su			aluan In	Part I at			Lan			
PHYSICIAN: MEDICAL	TAIT III OTTO ORGANICATI	00110110110	contributing to	death but not i	osulting	III LIVE G	illuoriyiii	Cause	diagn in		PERFOR		240	AVAILAE	NUTOPSY F BLE PRIOR ETION OF	TO
ED						_				10	YES 2	□ NO		OF DEA	TH?	
Ξ.										_				1 YI	ES 2 🗌	NO
IAN	25. WAS CASE REFERRED TO EXAMINER?	_					26. PL	ACE OF O	EATH (Ch	eck only one)						
SIC	1 YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHE 4 X Nu		e 5 □ Re	eeldence	8 Other (Sp	ecify)					
BY PH	27. MANNER OF DEATH	ending	28e. OATE OF (Month, Da	INJURY ly, Year)	28b. TJR IN.	IE OF JURY M		URY AT PRK? YES 2	_ NO	28d. OESCRI	BE HOW I	NJURY OC	CURED			
	3 Suicide 8 C	could not be	28e. PLACE Of building,	INJURY — At ho	ma, farm,	street, fac	tory, offic	•		28f. LOCATIO City or To	N (Street a	and Numbe	r or Runal i	Route Nur	mber,	
COMPLETED	CONSUM ONLY		IAN: To the best of													
00	2 WEDIC		On the basie of ex	amination end/or	investigation	on, In my	opinion, d				place, en					
BE	29b/SIGNATURE AND TITLE C	OF CERTIFIER	nny	LTW	m			29c. LICI	76 U	MBER		29d. DA	S //)	(Month,	Day, Year)
2	NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (5m)	Delet)		100	CV X	4		-	110			

Horre de Gray

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Like Davidson-Randale

32. REGISTRAR'S SIGNATURE

MUNAKIL

31. DATE FILED (Mornth, Day, Year)
MAR 1 3 90

DHMH-16 Rev 1/89

10		iges 1, 2, 3 sho	
BALTIMORE, MARCHINE 2 203-3146	PHYSICIAN: The law requires that the death certificate be executed within E-nous after death. Page 6 may be re-	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 yours.	
The second	be referenced	ge 5 should th	e neulline - Salak
BALTIMORE,	ter death. Page 6 may	the funeral director, pa oval.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutron
146,	ted within 2 hours a	completely filled in by ial, cremation, or rem	event, the medic
.O. BOX 131	th certificate be execu-	ending physician and Hygiene prior to buri	or other traumatic
JOF VITAL RECORDS, P.O. BOX 13146,	requires that the deat	this certificate has been signed by the attending physician and completely filled in by the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury,
	G PHYSICIAN: The faw	er this certificate has the the the the the the state Dept	narked, or item 23
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	MPORTANT: If Item 28 is mar
	10 TH	TO The	IMPC

10

296. SIGNAPOTTE AND TITLE OF CERTIFIER

RICHARD FREEMAN, M.D.,

31. DATE FILED (Morith, Day, Year)
MAR 1 3'90

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE
Guha Davidson-Aandale

				•								90	101	00
	FOR STATE REGISTRAR	STATE OF MA		/ DEPAR						HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF				3. TIME OF DEAT	н
	RAYMOND	C	WH:	ITSEL					MARCE	H 10,	1990	YEAR	2:40AM	М
į	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			PLACE (State or Fo	reian
	220-22-0997	1 🕅 M 2 🗆 F	74	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month, E			Countr	nsylvani	
	9a. FACILITY NAME (If not institution, give str	**	/4		9h CITY	TOWN O	R LOCATIO	ON OF DE		9/1915		TEIII		а
œ	Perry Point V.A								EATH.				EATH	
6	RESIDENCE OF DECEDENT				rei	rry I	Point				Ce	ecil_		
E I	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
5	Maryland Ha	rford		AI	perde	een							LIMITS?	NO
7	10e. STREET AND NUMBER	11010		1 111	oci de	_	ZIP CODE	Ē			10g. CIT	ZEN OF W	HAT COUNTRY?	
19	2110 Park Beach	Drive				2	1001					USA		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT B	EVER IN U.S. A	RMED	13.			F NISPAN	VIC ORIGIN?	Specify Ves			— American India	20
	1 Never Married 2 Married	FORCES? 1 X	YES 2		100	If yes, spe	cify Cuba	n, Maxica	n, Puerto Ric			Black	, White, etc.	-11,
ВУ	3 X Widowed 4 Divorced	WW TT				1 125	2 X NO	Specin	/:			Speci	White	
	15. DECEDENT'S EDUC	ATION	16a. C	ECEDENT'S	USUAL O	CCUPATIO	N .		16b. K	IND OF BUS	INESS/IN	USTRY	WILLEC	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)		Give kind of the Do NOT us	work done se retired.)	during mos	st of workin	ng						
7	5	0		Sma11	Arm	c			IIS	Gove	rnme	nt		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			Omari	ALI	5	18. MOTH	HER'S NA	ME (First, Mid			11.0		
	Harvey Whitsel						- P		100					
BE	19a. INFORMANT'S NAME (Type/Print)		1	Oh MAII ING	ADDRES	R /Street n			Park Route Number		Ctete 76	Corfo)		
2	Claudia Whitsel Jo	t											and 2100	11
	20a. METHOO OF DISPOSITION	onnson	T 205 BLAC	E OF DISPOS					e Ab			City or To)1
	1 X Burial 2 Cremation 3 Remo	val from State	other	place)										
	21. SIGNATURE OF EMPLOYAL SERVICE LICE	ovde.		Бре			emete		CILITY	Per	ryma	in, l	laryland	
	Rel Mn /									ral H	OMA	PΛ		
	/ 8000111. C	awa			Ā	berd	een,	Mar	Fune yland	2100	1-33	99.0		
	23. PART I. Enter the diseeses, or or shock, or heart fellure. L	omplicatione that o	coused the c	leath. Do i	ot enter	the mo	de of dyl	ing, euc	h aa cardle	c or respli	ratory ar	rest,	Approxim	
	IMMEDIATE CAUSE (Fine)	list only one cause	on eech iii	16.									Onset and	
	disease or condition resulting in deeth)	CARDIA	C DYSR	HYTHM	IA,	ASYS	TOLE							
	resulting in deeth)	OUE TO (O	R AS A CONS	EQUENCE O	F):									
2	-	CORONAL	RY ART	ERY D	ISEA	SE								
0	Sequentially list conditions, If any, leading to immediate	DUE TO (O	R AS A CONS	EQUENCE O	F):									
X	cause. Enter UNDERLYING	DIABET	ES MEL	LITUS										
Ĕ	CAUSE (Disease or Injury thet Initieted events	DUE TO (O	R AS A CONS	EQUENCE O	F):						-			
ERTIFICATION	resulting in deeth) LAST													
2														
¥	PART II. Other algnificant conditions	i contributing to de	eath but not	reaulting	In the u	nderiying	Cause (given in	Part I. 2	4a. WAS AN		24b	WERE AUTOPSY F AVAILABLE PRIOR	
ă									1	YES 2	Д∕мο		OF DEATH?	CAUSE
ME									_				1 [] YES 2 []	NO
ä														
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110000174					ACE OF D	EATN (Ch	eck only one)					
SIC	1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ 8	ER/Outpatient	3 DOA	4 Nu		e 5 🗆 Re	aidence	8 Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATN	28a. DATE OF IN (Month, Day,		28b. TIN	E OF	28c. INJ	URY AT		28d. DEŞCI	RIBE HOW IN	JURY OC	CURED		
ВУ	1 Natural 8 Pending 2 Accident Investigation	(monn, buy,	70017	1	M		ES 2] NO						
	3 Suicide 8 Could not be	28a. PLACE OF	INJURY At I	nome, farm,	street, fac	tory, office			28f. LOCAT	ION (Street a	nd Numbe	r or Rural F	Route Number,	
里	4 Homicide determined	building, at	- (oposity)						City or	Town, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	v knowledne	death occur	ad at the	time data	and place	and de-	to the ears	(a) and mo-	007 00 01	tad		
ME	one)	R: On the basis of exer) and manner as s	tated.
_	29b. SIGNATURE AND TITLE OF CERTIFIER									1				
BE	1) / h	00	1				Zac. FICE	ENSE NUI	MBEH		290. DAT	E SIGNED	(Month, Day, Year)	

29d. DATE SIGNED (Month, Day, Year) Drunch 10, 1990

DNMH-16 Flev 1/89

137065

21902

VAMC, PERRY POINT, MD.

or attending physician.

The use as the burial-transit permit. Pages 1, 2, 3 should

D 21203-3146

BALTIMORE,

	N.
ů,	within
1314	executed
K	8
. EC	ertificate
ب	8
7	death
S	the
£	that
FCC	requires
	₩.
A	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
/ISION	ATTENDING
\leq	OR
	HOSPITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 miled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be in the country of the country of the country or other traumatic event. urs after death. Page 6 may be

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			WENTAL HYGIENI REG. NO.	E	
1, DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH DA		
Anna Mae	Veima		F UNDER 1 YEAR	IF UNDER 24 HRS.	March 12,		3:09 P. M
	1 DM 2 VIE	VDC MC	ONTHS DAYS		(Month, Day, Year)	Co	ountry)
220-26-6643 9a. FACILITY NAME (If not institution, give	5	9	6 CITY TOW	OR LOCATION OF DE	March 22,	aryland	
Prince Georges H RESIDENCE OF DECEDENT 100. STATE Maryland Pr				erly			Georges
10a. STATE 10b. COUR		10c. CITY, 1	TOWN OR LO	ATION			10d. INSIDE CITY
Maryland Pr	ince Georges	Hi	illsid	e			LIMITS? 1 YES 2 X XNO
				101. ZIP COOE		10g. CITIZEN C	OF WHAT COUNTRY?
1108 Kayak Ave.				20743		U.S	S.A.
10e. STREET AND NUMBER 1108 Kayak Ave. 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 YNO	If yes,	ECENDENT OF NISPAN specify Cuban, Maxica ES 2 X NO Specify		В	NACE — American Indian, Black, White, etc. Specify: White
1S. DECEDENT'S E		16a. DECEDENT'S US	BUAL OCCUPA	TION	18b. KIND OF BUS	BINESS/INDUSTR	Y
1S. DECEDENT'S EI (Specify only highest grate Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5+)	(Give kind of world life. Do NOT use r	k done during retired.)	most of working			
12		Housewif	fe		Own H	ome	
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Malden		
Albert Norris B	radv			Emma Lo	uise Griml	ev	
104 INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street		Route Number, City or Town)
William A. Weima	r	1108 Ka	avak A	ve. Hills	ide. Md. 2	0743	
20a. METNOD OF DISPOSITION 1 Disposition 3 Disposition 3 Disposition 3 Disposition Disposi	201	b. PLACE OF DISPOSIT				CATION - City o	or Town, State
4 Donation 5 Other (Specify)	amover from State	Ceda	ar Hil	1 Cemeter	y Sui	tland,	MD.
21. SIGNATURE OF FUNERAL SERVICE	LICENSIEE	//		AND ADDRESS OF FA	1.	308 511	tland Rd.
1 Sales 75	1. Jollh	las	Robe	rt E. Wil	helm,Inc.s	uitland	l, MD. 20746
	DUE TO (OR AS /	A CONSEQUENCE OF):					7.00
Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS /	A CONSEQUENCE OF):	bra	c co	Hemor		
If eny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions to the country of the	c. DUE TO (OR AS /	A CONSEQUENCE OF):	usd	00		AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PART II. Other aignificant condit	c. DUE TO (OR AS /	A CONSEQUENCE OF):	usd	00	Part I. 24e, WAS AN	AUTOPSY PMEO?	24b. WERE AUTOPSY FINDINGS
PART II. Other aignificant condit	c. DUE TO OR AS	A CONSEQUENCE OF):	tha underly	OV)	Part I. 24a. WAS AN PERFOR	AUTOPSY PMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other aignificant condit	d. DUE TO OR AS A DUE TO OR A DU	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	tha underly	OI) Fing ceuse given in	Part I. 24e. WAS AN PERFOR	AUTOPSY PMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other aignificant condit	DUE TO OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	the underly 26 27 26 THER:	PLACE OF DEATH (Ch	Part I. 24a. WAS AN PERFOR 1 TYPES 2 Deck only one) 6 Tother (Specify)	AUTOPSY HMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in petient 3 DOA 4	tha underly 26 OTHER: I Nursing N OF RY M 1 [PLACE OF DEATH (Cr.	Part I. 24s. WAS AN PERFOR 1 TYPES 2 ceck only one) 6 Other (Specify) 26d. DESCRIBE NOW I	AUTOPSY MEO? I NO INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending Investigation	DUE TO OR AS A DUE TO OR AS A d. Clone contributing to deeth a HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY be be	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in Expetient 3 DOA 4 2eb. TIME: INJUST Y — At home, farm, str	tha underly 26 OTHER: I Nursing N OF RY M 1 [PLACE OF DEATH (Cr.	Part I. 24a. WAS AN PERFOR 1 TYPES 2 Deck only one) 6 Tother (Specify)	AUTOPSY RMEO? D NO INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending Investigation	DUE TO OR AS A DUE TO OR AS A d. Clone contributing to deeth a HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY be be	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in petient 3 DOA 4 29b. Time inJusty — At home, farm, streetly)	tha underly 26 OTHER: Numing N OF 26c. RY M 1 [eet, factory, o	PLACE OF DEATH (Cr. Tome 6 Residence INJURY AT WORK? YES 2 NO	Part I. 24a. WAS AN PERFOR 1 TYPES 2 The control of the Performance o	AUTOPSY IMEO? IN NO INJURY OCCURE and Number or Re GEO Inner as stated.	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending Investigate 2 Accident Investigate 3 Suicide 6 Could not detarmined 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	DUE TO OR AS A DUE TO	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in Experient 3 DOA 4 29b. TIME (INJU! Y — At home, farm, strength) Wedge, death occurred on and/or investigation.	the underly the underly 26 OTHER: Nursing h OF 26c. RY M 1 [eet, factory, o at the time, c in my opinion	PLACE OF DEATH (Cr. Tome 6 Residence INJURY AT WORK? YES 2 NO Iffice Interest and place, and due 1, death occurred at the	Part I. 24a. WAS AN PERFOR 1	AUTOPSY IMEO? INJURY OCCURE and Number or Ri G-GO nner as stated, and due to the case	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending Investigate 3 Suicide 6 Could not detarmined 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	DUE TO OR AS A DUE TO	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in Experient 3 DOA 4 29b. TIME (INJU! Y — At home, farm, strength) Wedge, death occurred on and/or investigation.	the underly the underly 26 OTHER: Nursing h OF 26c. RY M 1 [eet, factory, o at the time, c in my opinion	PLACE OF DEATH (Cr. Tome 6 Residence INJURY AT WORK? YES 2 NO Iffice Interest and place, and due 1, death occurred at the	Part I. 24s. WAS AN PERFOR 1 TYPES 2 1 TYPES 2 1 Other (Specify) 28d. DESCRIBE NOW In Street City or Town, Stre	AUTOPSY IMEO? INJURY OCCURE and Number or Ri G-GO nner as stated, and due to the case	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D TO THE STATE OF
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 6 Pending Investigate 2 Accident Investigate 3 Suicide 6 Could not detarmined 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	DUE TO OR AS A DUE TO	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in Dut not resulting in Petient 3 DOA 4 2eb. TiMe. INJUIT Y — At home, farm, strend on and/or investigation, EATH (ITEM 27) (Type, F	the underly the underly 26 OTHER: Nursing h OF 26c. RY M 1 [eet, factory, o at the time, c in my opinion	PLACE OF DEATH (Cr. Tome 6 Residence INJURY AT WORK? YES 2 NO Iffice Interest and place, and due 1, death occurred at the	Part I. 24s. WAS AN PERFOR 1 TYPES 2 1 TYPES 2 1 Other (Specify) 28d. DESCRIBE NOW In Street City or Town, Stre	AUTOPSY IMEO? INJURY OCCURE and Number or Ri G-GO nner as stated, and due to the case	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D TO THE STATE OF

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,3 shifted be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAI	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		0	7.11.2 01	DEATH	2. DATE	OF DEATH		3.	TIME OF DEATH
John	A. Wes	tman			MONTH	I DAY	- 90	FAR	8.4CA
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			CE (State or Foreign
577-40-4283	XX 2 DF	1 YRS. MO	NTHS DAYS	HOURS MIN.		1, Day, Year) -28–28		Country)	land
9a. FACILITY NAME (If not institution, give street			CITY, TOWN C	R LOCATION OF DI		-20-20	9c. COUNTY		
3925 Sykesville R				sburg			Carro		
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				100	I. INSIDE CITY
Maryland Car	roll County	, 174	nksburo						LIMITS?
10e. STREET AND NUMBER	TOTT COURTES	/ I FI		ZIP CODE			10g. CITIZEN		- A
3925 Sykesville	Dood		1	21048					
	ROdu 2. WAS DECEDENT EVER II	N U.S. ARMED	13 WAS DEC	Z I U40 ENDENT OF HISPAI	NIC ORIGIN	2 (Specify Van		S.A.	American Indian.
1 K Never Married 2 ☐ Married	FORCES? 1 YES	2 NO	If yea, sp	ocify Cuban, Maxica	an, Puerto F		OT 140-	Black, W	hita, atc.
3 Widowed 4 Divorced	IF TES, GIVE WAR ON D	AIES	1 L TES	2 NO Specif	y:			Specify:	White
15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b.	KIND OF BUSI	NESS/INDUS	TRY	
(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo atired.)	st of working					
10		Labore	er		?				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, A	Middle, Maiden S	Surname)		
Unknown				Unkno	วพาว				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural		ber, City or Town,	State, Zip Co.	de)	
Mrs. Doris Hannen		3925	Sykesvi	lle Road	d Fi	nksbur	q, MD	2104	18
200. METHOD OF DISPOSITION	201	. PLACE OF DISPOSITI					ATION — City		
1X Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State	other place) Spring	field (emetery		Svk	esvill	e. M	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /			D ADDRESS OF FA	CILITY	1 07.0			2
Dring of	Daid	1	На	ight Fu	nera	al Hon	ne P	.0.	Box 195
Cacco of	·		L Sy	kesvill	e. N	MD 217	784 7	95-14	100
23. PART I. Enter the diseese, or con shock, or heart failure. Lie			enter the mo	de of dying, aud	ch as cerc	ilec or respir	atory arrest	1	Approximate interval Batwaan
IMMEDIATE CAUSE (Finel	0 -	200							Onset and Death
disease or condition resulting in death) e		DPL)						>10 V13
	OUE TO (OR AS	CONSEQUENCE OF):							
Sequentially list conditions, b	Hea	y dn	noti	707					
If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OH AS /	CONSEQUENCE OF):		0					
CAUSE (Disease or injury C	DUE TO YOU AS	CONSEQUENCE OF):							
that initiated events resulting in desth) LAST	DOE TO (OH AS)	CONSEQUENCE OF):							
d									
PART II. Other significent conditions of			he underlying	g ceuse given in	Part I.	24a. WAS AN			THE AUTOPSY FINDINGS
Chronic	Bronch	retes				PERFORI		CO	MILABLE PRIOR TO MPLETION DF CAUSE
						1 YES 2	Kwo		DEATH?
					—			וי	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (C)	heck only or	101			
EXAMINER?	IOSPITAL:		THER:	11					
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	Nursing Home			CRIBE HOW IN	IIIIBY OCCUE	ED	
1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WC	PAK?	200. DE	JOHNE HOW IN	NORT OCCO	IED	
2 Accident Investigation	28e PLACE OF INJURY	/ — At home, ferm, stre			201 100	ATION (Street a	nd Mumber of	Dural Bout	Alumbas
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	clfy)	at, lactory, offic		City	or Town, State)	nu number or	nurer nour	rvumosi,
29a, CERTIFIER									
(Check only 1 CERTIFYING PHYSICIA									
2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigation, i	in my opinion, d	eath occured at the	time, data	and place, and	due to the c	euso(a) an	d manner as stated.
296. SIGNATURE AND TITLE OF CERTIFILE	-	20	1	29c. LICENSE NU	MBER		29d. OATE S	IGNED (M	onth, Day, Year)
William K	chond 1	IKan	160	DO9389		ļ	13	18	190
30. NAME AND AODRESS OF PERSON WHO									
150 W. Main Street	, Westminst	er, MD 213	157						
31. DATE FILED (Month, Day, (bar) 1 2 100	32. REGISTRAR'S SIGN	AT DEFINE SON-10	ndelle						
II CIUMI	Jun Jun	Charles							

		2	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🖙 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be fleed within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.	IPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
1	R	2 8	Ξ

Dr. Lewis Dennis
31. DATE FILED (Month, Day, Year)
MAR 16 '90

6201 Greenbelt Road
32. REGISTRAR'S SIGNATURE
ha Davidson—Andele

College Park Maryland

										90	10168
	FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND /	DEPAR	TMENT OF	HEALTH	AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)				TOATE OF	DEA		2. DATE OF DEATH			3. TIME OF DEATH
	Betty	Watter	barger					March I	2	1990	2:38 PM M
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
	248 66 0615	1 M 2 X F	☐ M 2 ☑ F 65 YRS. MONTHS DAYS HOURS MIN.				MIN.	2/18/1925		Sout	th Carolina
	9a. FACILITY NAME (If not institution, give str		9b. CITY, TOWN OR LOCATION OF DEA					EATH	ATH		
DR	P.G. General Hosp	ital			Chever	ly Ma	ry1	and	eorge's		
DIRECTOR	RESIDENCE OF DECEDENT				-						
E	10a. STATE 10b. COUNTY	01-			Y, TOWN OR LOCA	TION				- 1	IOd, INSIDE CITY LIMITS?
	Maryland Prince	George's		J	Bowie						YES 2 NO
FUNERAL					1.2	H. ZIP CODE	1716				States
W W		ane									
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV	YES 2 XNO		If yes, s	pecify Cuba	n, Maxica	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	s or No-	Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	Νo	1 🗌 YE	S 2 XNO	Specif	No No		Specify	White
	15. DECEDENT'S EDUC		18a. DEC	EDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BU	SINESS/IN	1	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	e kind of Do NOT u	work done during rr se retired.)	ost of workin	ng				
립		4	Mor	tga	ge Banke	r		Bank			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NA	AME (First, Middle, Maider	Surname)		
BEC	William E. Moore					Ju1	lia	Catherine	Row1	and	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b.	. MAILING	ADDRESS (Street	and Number	or Rural	Floute Number, City or Tox	vn, State, Z	ip Code)	
F	Julia Samples]]	1107	Port Ed	ho La	ane	Bowie Mary	land	207	16
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Remo	val from State	other plac	ce)	SITION (Name of co					- City or Tow	
	4 Donation 5 Other (Specify)		Metro	po1	itan Cre				xand	ria V	irginia
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	0			ND ADDRES		Funeral H	omo	D A	
	Novert C	Evans	L. 17	les				olis Rd. B			20715
	23. PART I. Enter the diseases, or co			th. Do							Approximate
	shock, or heart failura. L	lst only one cause	on each lina.	1	1	11					Interval Between Onset and Death
	disease or condition	NA	MARS	to	4/00	lli	1				
	resulting in death)	DUE TO (OR	AS A CONSEQ	UENCE O	9: M						_
z	-	AN	un	1 W	UN						
일	Sequentially list conditions, if any, leading to immediate	PO) OT 100	AS A CONSEQ	DENCE O	2401						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	- AU	rya		Sala						
	that initiated events	DUM TO (OM	AS A GRINSPO	UENCE O	" LAX	MA	11	MIN	_		
CERTIFICATION	Testiting in death) EAST	- Mucr	180	M	Cypri	W	71	111			1
- 1	PART II. Other algnificant conditions	contributing to de	ath but not re	eaulting	In the undarly	ng cause (given in	Part I. 24s. WAS AI			WERE AUTOPSY FINDINGS
C	Multer	V.11	41					1 [] YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	MILLIANS.	mull	INS								OF DEATH?
2	4 Filmer	1								1	
A	25. WAS CASE REFERRED TO MEDICAL	7			26.1	LACE OF D	EATH (C)	heck nity onej		_	
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	VOutpetlant 3	□ DOA	OTHER:	me 5 🗆 Re	esidenca	6 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,)	URY	28b. TIN	ME OF 28c. II	JURY AT		28d. DESCRIBE HOW	INJURY O	CCURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(None, Day, 1	10407			YES 2	NO				
	3 Suicide 8 Could not be	28e. PLACE OF IN building, atc.	IJURY — At hor	ne, ferm,	street, factory, off	ce		281. LOCATION (Street City or Town, State		er or Rural Ro	ute Number,
1	4 Homicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						,		
1	Check only	JAN: To the best of my	knowledge, dea	th occur	red at the time, da	and place	, and du	a to the cause(s) and me	inner as st	eted.	
COMPLETED	2 MEDICAL EXAMINER										and manner as stated.
	200 SIGNATURE AND TITLE OF CERTIFIER	11/1	Α Λ	~ N	JM	29c. LIC	ENSE NU	IMBER	29d. DA	TE SIGNED (Month, Day, Year)
) BE	My sup	MININ	$\Lambda \Lambda$	M	MIN	P	011	199	.	5 15	190
2	30, NAME AND ADDRESS OF PERSON WING	COMPLETED CAUSE (DEATH (ITEM	1 27) (Time	n Print)					-	

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			(CERTIFI		F DEATH	MENTA	REG. NO.	-		
1. DECEDENT'S NAME (First, RUDOLPH		EY HER		WELCH			2. DATE	OF DEATH	8 19	990	3. TIME OF DEATH 1:15p
4. SOCIAL SECURITY NUME		SEX	6. AGE (in yrs.		IF UNDER 1 YE	AR IF UNDER 24 HRS.	7 DATE	OF BIRTH			* M
217-36-72		M 2 □ F			MONTHS DA		12-	28-19	06	Country	PLACE (State or Foreign) yland
9a. FACILITY NAME (If not in PHYSICIANS	-		OSPITA			WN OR LOCATION OF DI	EATH			NTY OF DE	
RESIDENCE OF DEC		(21111 11.							0 1 1		
10a. STATE	10b. COUNTY			10c. CITY,	, TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?
Maryland	Charl	es		Hug	hesvi	lle					1 TES 2 NO
Route 1	Box 41	6				10f. ZIP CODE 206	37		10g. CITI	IZEN OF W	S. A.
11. MARITAL STATUS	12	. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS	DECENDENT OF HISPAI	NIC ORIGII	N? (Specify Yea	or No-	14. RACE	- American Indian.
1 Never Merried 2 X 3 Wildowed 4 Divo		IF YES, GIVE V	☐ YES 2 2 MAR OR DATES	NO		s, apecify Cuben, Mexica YES 2 X NO Specif		Rican, etc.)		Specif	White, atc.
15. DEC	EDENT'S EDUCAT	ION noleted)	16a.	DECEDENT'S U	USUAL OCCUI	PATION a most of working	16k	. KIND OF BUS	INESS/INC	DUSTRY	
Elamentary/Secondary (6	-	college (1-4 or 5 -	+)	life. Do NOT use	e retired.)	g most of working					
6			F	armer				Farm			
17. FATHER'S NAME (First, M Ned Welch						18. MOTHER'S NA	,				
190. INFORMANT'S NAME (7				19b. MAILING	ADDRESS (Str	Delphi oet and Number or Rurai				Code)	
Bessie A.	Welch			Rt. 1		416.Hug					20637
20a, METHOD OF DISPOSIT	ION 3 D Barrova	from State	other	r niace)	ITION (Name o	of cemetery, cremetory or				City or Toy	
4 Donation 5 Other	(Specify)		St.	Mary'		rch Ceme		y Bry	anto	wn,	Maryland
21. SIGNATURE-OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Are hourt Funeral Home Inc.											
23. PART I. Enter the d	leeesee, or com	plicetions the	t coused the	deeth. Do no	ot enter the	mode of dying, euc	h es cen	diec or respi	ratory en	rest,	Approximete
snock, or n	eert fallure. Lie nei	t only one ceu	ise on each ii	ine.							Onset end Deeth
disease or condition resulting in death)	→	(av	dio 1	Hulm	ONERY	y Arre	0/-				
100.000		DUE TO	(OR AS A CONS): \	U	,				
Sequentially list condit	ione, b	Res DUE TO	OR AS A CONS	SECTION OF	u(u	re					
If eny, leeding to imme cause. Enter UNDERLY		6	S. Asla	y i en	10						j
CAUSE (Disease or injute that initiated events	iry C	DUE TO	(OR AS A CONS	SEQUENCE OF):					Ea	
resulting in death) LAS	T d										
PART II. Other significe	nt conditions o	ontribution to	death but no	et requities is	n the under	tulan anuna aluma ta	Don't I		ALITODON	Lan	
TAIT III GIGINIO		onthouring to	Geotii but no	it resulting in	ii the diider	lying cease given in	rait i.	24a. WAS AN PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
-								1 🗌 YES 2	☐ NO		OF DEATH?
											1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL				2	6. PLACE OF DEATH (C)	neck only o	ne)			
EXAMINER? 1 YES 2 NO		OSPITAL:	ER/Outpatient		OTHER:	Home 5 🗆 Rasidence	e 🗆 Othe	er (Specify)			
27. MANNER OF OEATH		28a. DATE OF (Month, D		28b. TIME		INJURY AT WORK?	28d. OE	SCRIBE HOW I	NJURY OC	CUREO	
	Pending Investigation					YES 2 NO					
	Could not be determined	28a. PLACE C building,	of injury — At otc. (Specify)	home, ferm, st	treet, factory,	offica	281. LOC City	CATION (Street a or Town, State)	ind Number	r or Rumil A	oute Number,
29a. CERTIFIER (Check only	TIFYING PHYSICIA	N: To the best of	my knowledga,	death occurre	d at the time,	data and place, and due	to the ca	use(a) and man	iner ae sta	ted.	
ono)						on, death occured at the					and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	#				29c. LICENSE NU	MBER		29d. DAT	Signed	(Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WHO C	OMPLETED CAU	SE OF DEATH (I	TEM 27) (Type,	Print) 7 (BOST OF	FIC	E ROA	D CE	NNA	CENTER
GIRIJA S	GIRIJA S. RATH M.D. WALDORF MD 20602 31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 33. OATE FILEO (Month, Day, Year)										
ASP.	1 9 '90	L. REGISTRI	Line To Sidiration	1	4.00						
		7	-					 _			

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

21203-3146

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BALTIMORE,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to find within 72 hours after neath with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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S	TTEN	ADE.	28
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR A	DIRE	E
	IA	APL 1	=
	OSPI	UNE	N.
	포	出る	ORT
	10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the he after within 72 hours after healt with the State Debt, of Health and Mental Hyolene prior to burial, cremation, or removal.	IMP

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MEN		YGIENI EG. NO.	E				
30	1. DECEDENT'S NAME (First, Middle, Last)			4						ATE OF D	EATH DA		YEAR	3. TIME	OF DEATH	
	1:	SOLOMO	N B. W.	ALKE	R , JI	R.					21,			4:	40 A	M
i	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR		R 24 HRS.	7. DA	TE OF B	IRTH		8. BIRTH	IPLACE (Stata or Foreign	n
	116-09-3065	1 5 M 2 F	82	YRS.	MONTHS	DAYS	HOURS	MINE,			4. 1	907		11	CICUT	
	9e. FACILITY NAME (If not institution, give s	treet and number)	0		9b. CITY,	TOWN C	OR LOCATI	ION OF DE	_	12 2	,, -	_	NTY OF D		1001	
E I	St. Mary's Ho	spital				Lec	onar	dtown	n			5	st. I	Vary	18	
Ĕ	RESIDENCE OF DECEDENT															
DIRECTOR	10a. STATE 10b. COUNT				ry, town o									10d, INS	SIDE CITY NTS?	
		MARY'S		L	EXINC									25	ES 2 NO	
FUNERAL	10e. STREET AND NUMBER					101	. ZIP COD	E				10g. CIT	IZEN OF	WHAT CO	UNTRY?	
<u></u>	200 LEXWOOD DRI	VE, APT.	#7B				206	53					USA			
5	11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. AF	MED				OF HISPAI				or No-	14. RACI	E — Amer	rican Indian, etc.	
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES					Specifi		THOUSAN	, •ιω)		Spec	Hy:		
		W.W.I												LACK		
回	15. DECEDENT'S EDU (Specify only highest grade		(G	ilve kind of	work done of	CCUPATION	ON ast of world	ing		16b. KIN	D OF BUS	INESS/INI	DUSTRY			
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u												
COMPLET	8		I	PAINT	ER						-	UCTI	ON			
	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (Fir	st, Middle	, Maiden	Surname)				
BE	SOLOMON BROOKS	WALKER,						_		IOUN		-				
2	19a, INFORMANT'S NAME (Type/Print)				G ADDRESS										20653	
	MAMIE SUE WALKER				EXWO				#7E	3, L						
	20a. METHOD OF DISPOSITION 1 X Burlal 2 ☐ Cremation 3 ☐ Ran	noval from State	20b. PLACE	lace)						,		CATION -				
	4 Donation 5 Other (Special)		PLA	YLAN	D VE						CHE	LTEN	HAM,	MD.		
	21. SKENAPORE OF PUNESIAL SERVICE D	Z 1	e, y					D FU			HOME					
	Mulled 1.12	muk	11										MARY	I.ANI	2065	0
	23. PART I. Enter the diseases, Dr													A	pproximate	
	ehock, or heert feilure. IMMEDIATE CAUSE (Finel	List Dnily Dne ca	use Dn eech lin											0	terval Betw nset and De	
	disease or condition	Co	nelio	, ,	hres	20	1	01/	le	W	6					
	resulting in deeth)	411	OR AS A CONSE	QUENCE (Res	2]] <u></u>	1			_				1		
z		" Ch	will	(9/13	FIL	retr	we	1	hu	22	10	450	200		
음	Sequentielly list conditions, if eny, leading to immediate	DUE TO	OR AS A CONSE	20ENCE (ж.		,	-	0	0						
3	cause. Enter UNDERLYING CAUSE (Disease or injury	a (01	O OR AS A CONSE	4	n	Eer	1	fe	e.	cer	V			_		
	that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSE	QUENCE (DF):			0								
CERTIFICATION	Tesulting in dalitin Exist	d														
AL O	PART II. Other significant condition	na contributing to	death but not	resulting	in the un	derlyin	g cause	given in	Part	. 248		AUTOPSY	24		UTOPSY FINDI	INGS
<u>ა</u>										1.5	PERFOR			COMPLI	BLE PRIOR TO ETION OF CAUS	SE
MEDIC/										1 ''	J 163 2			OF DEA	TH7 ES 2 NO	
Σ															2 2 110	
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (C/	heck on	(v ane)						_
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER	R:		Residence			en/fu)					
Ĭ	27. MANNER OF DEATH	28a. DATE O		28b. TII	_		JURY AT	100001100	_			NJURY OC	CURED			_
	1 Natural 5 Pending	(Month,	Day, Year)	JIN.	JURY M		YES 2	□ NO								
BY	2 Accident Investigation 3 Suicide 6 Could not be		OF INJURY — At h	ome, farm,	street, fact				28f.	LOCATIO	N (Street :	and Numbe	or Rural	Route Nu	mber,	
COMPLETED	4 Homicide 6 Could not be	building	, etc. (Specify)							City or To	wn, State)					
Ш	29a. CERTIFIER	CIAN: To the best	of my knowledge d	esth coor	med at the t	lmo det	a and place	o and day	o to the	. anunala	and mar	nner ee et	atad			-
MP	(Check only one) 2 MEDICAL EXAMIN	ER: On the basis of												(a) and m	enner es state	ed.
8			101-													
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	· 11	109					CENSE NU					TE SIGNE		Day, Year) — 90	
2	30. NAME AND ADDRESS OF PERSON W	HO COMOLETED ON	ISE OF DEATH AT	M 27 /3	n Drivet		l D.	3347	0							
	W. WAME AND ADDRESS OFTERSON W	III PUMPLETED WA	OUT OF DEALL (III	-m 41] [19]	ro, riunj											

Shanti

32. REGISTRAP'S SIGNATURE
Julia Davidson-Randall

4

31. DATE FILED (Month, Day, Year)
MAR 2 2 '90

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 m TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu

TO BE

J/

DR.

31. DATE FILED (Month, Day, MAR 20

PATRICK

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ľ	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		RTMENT OF I		MENTAL HYG REG.		90 1017
	1. DECEDENT'S NAME (First, Middle, Lest) JOHN FRANCIS	DYSON				2. DATE OF DEAT		3. TIME OF DEATH 1990 3:50 P M
	220-16-4453	SEX 6. AGE (In yrs. let	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, You JAN, 13	, <u>1925</u>	
OR		PITAL			OR LOCATION OF DE RDTOWN	EATH	9c. CO	• MARY S
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE MARYLAND ST. M	ARV'S	1	Y, TOWN OR LOCA	-			10d. INSIDE CITY LIMITS? 1 YES 2 YNO
	10e. STREET AND NUMBER P.O. BOX 35		1 -		01. ZIP CODE 20667	· · · · · · · · · · · · · · · · · · ·		ITIZEN OF WHAT COUNTRY?
BY FUNERAL		2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 Y IF YES, GIVE WAR OR DATES	PMEO NO	13. WAS DE If yes, s 1 — YE	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specify	HC ORIGIN? (Specifin, Puerto Rican, etc	y Yes or No-	
OMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 6TH GRADE	npleted) (C	give kind of a. Do NOT u	USUAL OCCUPAT work done during m se retired.)	ION lost of worlding		F BUSINESS/IF	NDUSTRY
OM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN				18. MOTHER'S NA UNKN	ME (First, Middle, M OWN	alden Surname)	
	190. INFORMANT'S NAME (Type/Print) FRANCES C. DORSEY				and Number or Rural			Zip Code) 20653
- 68	20e. METHOD OF DISPOSITION 1	t from State 20b. PLACE	OF DISPO	SITION (Name of co	ematery, crematory or	1.0		City or Town, State N, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENS	redeni						HOME, P.A. MARYLAND 20650
	23. PARY I. Enter the diseases, or complete shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	nplications that caused the dit only one cause on each lin	o. Sa					
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (ON AS A CONSE	ins	na	oft	ong	non	e day
MEDICAL	PART II. Other significant conditions of	ontributing to death but not	resulting	In the underlyi	ng cause given in	PE	AS AN AUTOPS ERFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	IOSPITAL: Inpetient 2 ER/Outpetient 28s. DATE OF INJURY	26b. Tr	OTHER: 4 Nursing Ho	PLACE OF OEATH (Charme 5 - Reeldence			OCCUREO
ED BY	Accident Accident S Pending Investigation	(Month, Cley, Year) 29e. PLACE OF (NJURY — At h building, etc. (Specify)	10	M 1	YES 2 NO		Street and Numi	ber or Rural Route Number,
COMPLET	(Check only one) 2 MEDICAL EXAMINER:	IN: To the beat of my knowledge, d						stated. the cause(a) end manner ee stated.

JARBOE

M.D.

ia Davidson-Randelles

HSTRAM'S SIGNATURE

1203-3146

ř	HOLTACIONES HANGIONIS VE CITTI ISSUED TO CO
redical examiner must be no	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
r removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
in by the funeral director, page 5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 🖺
ours after death. Page 6 may be n	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may bit may
מערוושטער, ייי	DIVISION OF ALIAN AND STATES. T.O. DOX 13149.

10

	1. OECEDENT'S NAME (First,								2. DATE OF	F DEATH	AV	YEAR	3. TIME OF DEATH	
	Francis	Will	iam Wisem	an		1.0			03	18		70	7000	М
	4. SOCIAL SECURITY NUME	0671	1 X M 2 🗆 F	8. AGE (In yrs. Ia		ONTHS D		UNDER 24 HRS.	7. OATE OF (Month.)	Day, Year)	29	Count	APLACE (State or Foreign TY) TIMIORE	M
OB	90. FACILITY NAME (# not in Stella Ma	ris Ho					WSON	OCATION OF DE	ATH			eltin		
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	imore		10c. CITY,	CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1124 Plove:	r Driv	е					101. ZIP CODE 109. CITIZEN OF WHAT CO USA						
ВУ	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 V		13. WAS DECENDENT OF HISPANIC ORIGIN? (If yes, apacify Cuban, Maxican, Puerto Rici 1 YES 2 NO Specify:							E — American Indian, k, Whita, atc. sify: white	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Parts Manager					f working		ate 1						
BE CON	17. FATHER'S NAME (First, M Edwin W		1				18	Mary S			Surname)			
TO B	19a. INFORMANT'S NAME (1	. Wise	eman					Number or Rural I			n, State, Zi 1227	p Code)		
	20e. METHOD OF OISPOSITION 1 Deutel 2 Cremetion 3 Removal from State other place) 4 Denation 5 Other (Specify) Glen Re				(ece)	n Mem	oria	l Park			n Bul		own, Stata Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSED 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. 21227													
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	a. AST	ROC'OR AS A CONSE	*TO	MF		or aying, suc	n es cardie	ec or resp	iratory a	Test,	Approximate Interval Betw Onset and Da	reen
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
MEDICAL CER	PART ii. Other significa	nt condition	d	death but not	resulting in	the unde	rlying c	ause given in		24a. WAS AI PERFO	AMED?	24	b. WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
									-				1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpetient		OTHER:		E OF OEATH (Ch			Hosn	nigo.		
ВУ РНУ	27. MANNER OF CEATH 1 Netural 8 2 Accident	Pending investigation	28a. DATE OF (Month, Da		28b. TIME INJU	RY	C. INJURY WORK 1 YES	Y AT ? 2	28d. DESC	RIBE HOW	INJURY O	CCURED		
	3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE OF building, o	INJURY — A1 h	ome, farm, st	reet, factory	, office		28f. LOCAT City or	TION (Street Town, State	and Numbe	er or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.													
TO BE	296, SIGNATURE AND TITLE 30, NAME AND ADDRESS O	ass	alex	CON DEATH OT		(D)	21	D 2708			29d. DA	TE SIGNE	(Month, Day, Year)	
	Carla S.	Alexar	nder, M.D.		a Mari	s Hos	spic	e-Dulan	ey Va	lley	Rd	Tows	son, MD 21	.204
	31. DATE FILED (Month, Day, MAR	20'9	U	n. Inud	son-401	المعالم								

ACCURAGE VENEZA

the man and the second section and

140, DALIMONE, MANTLAND	nted within 25 nours after death. Page 6 may be retained by the hosp	completely filled in by the funeral director, page 5 should be detache tal, cremation, or removal.	c event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOA 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYL STATE REGISTRAR KAREN IRENE WHYTE		RTMENT OF H		MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) CONTROL TIENE WAY	ح			2. DATE OF DEATH MONTH	YEAR 90	3. TIME OF OEATH		
	297-22-6489 10M2 DF 6	In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-29-192	7 e. Birth	CHPLACE (State or Foreign Only) Only Ivania		
FOR	9a. FACILITY NAME (If not institution, give street and number) Physicians Memorial Hospita RESIDENCE OF DECEDENT	al	La Pla	er location of of ta	ATH	DEATH BS			
FUNERAL DIRECTOR	Maryland Charles						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
IERAL	Highway 228, Box 256-D	ZIP CODE 20603		WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 Mo If YES, give WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE Black, Specify Widowed 4 Divorced 15. DECEDENT'S EOUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 18. RACE Black, Specify Cuben, Maxican, Puerto Rican, etc.) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18. Transport of working life. Do NOT use retired.) 18. COURT OF BUSINESS/INDUSTRY								
COMPLETED									
BE	17. FATHER'S NAME (First, Middle, Last) JOHN SOSUTA 19a. INFORMANT'S NAME (Type/Print)	I sob beall the	A DDDSSS (Over)	Cather	ME (First, Middle, Melden Tine Sukula	a ·			
5	Kenneth M. Whyte				Waldorf, Number City or Tow				
		other place) Huntt Cre	ematory		Wald	dorf, Ma			
	Edward G. Mudde	>	Р	. 0. Box	ral Home 156, Wald		20604		
	23. PART I. Entar the diseases, or complications that caused ahock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR'AS A	ach line.	cluste		VCASCHUT		Approximate Interval Between Onset and Death		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE O	,						
PHYSICIAN: MEDICAL (PART II. Other eignificent conditions contributing to death b	out not resulting	In the undarlyin	g cause given in	Part I. 24a. WAS AN PERFOR	AMED?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 \(\text{NO} \) NO HOSPITAL: 1 \(\text{Inpetient 2 } \(\text{ER/Outs} \)	patient 3 🗆 DOA	OTHER:	ACE OF DEATH (Chi	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26b. TIN	ME OF 28c. IN.	RK?	28d. DESCRIBE HOW I	NJURY OCCURED			
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY building, etc. (Special Could not be detarmined)	f — At home, farm, cify)	street, factory, offic	•	26f. LOCATION (Street City or Town, State)	and Number or Rura	l Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my know one) 2 MEDICAL EXAMINER: On the beats of examination						o(a) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	Dipt M.	(Seption)	29c. LICENSE NUI	ABER	≥3/29	(Month, Day, Year)		
	HAN HEST M 345	& Tame	abole	ct-Wa	Heat M	J 2060			
		door Rands	æ						

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בייני	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	natic event, the medical examiner must be notified at once.	
DIVISION OF VIEW PERCONDS, F.C. BOX 12149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF	MARYLAND .	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	O	F DEAT	'H		REG. NO.

	FOR STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALT		TAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		2. 0	ATE OF DEATN		3. TIME OF DEATN
	Irebelle Wingate			arch 12	, 199	7:49 am
- 3	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNI	DER 24 HRS. 7. D.	ATE OF BIRTN fonth, Day, Year)	8. 8	BIRTNPLACE (State or Foreign
	250-40-2364 1 □ M 2 ⋈ F 79 YRS.			04/13/10	So	outh Carolina
~	9e. FACILITY NAME (If not institution, give street end number)	96. CITY, TOWN OR LOCA			9c. COUNTY	
DIRECTOR	Southern MD Hospital Center	Clinto	n		Prin	ce George's
RE		Y, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
		linton				1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER 8806 Bolero Court	101. ZIP CI	00E 0735		USA	OF WNAT COUNTRY?
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDEN	T OF NISPANIC OF			RACE American Indian,
	1 Never Merried 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Co	uban, Mexican, Pue NO Specify:	erto Rican, etc.)		Black, White, etc. Specify:
) BY	3XX Widowed 4 Divorced					Black
COMPLETED	(Specify only highest grade completed) (Give kind of	S USUAL OCCUPATION work done during most of wo ise retired.)	orking	16b. KIND OF BUS	INESS/INDUST	RY
1	College (1-4 or 5+)			O I		
OM	6th Homen 17. FATNER'S NAME (First, Middle, Last)		OTNER'S NAME (F)	Own hom		
Ö	Thomas Curtis			pman	ro, rimitroy	
BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING	3 ADDRESS (Street and Num			, State, Zip Coo	(e)
5	Mrs, Alice McMillan 8806	Bolero Cour	rt, Clin	ton, Mar	vland	20735
		SITION (Name of cemetery, o				or Town, State
	4 Donation 5 Other (Specify) Goodman CY	reek Bapt. C	Ch. Ceme	tery Che	raw, S	C
	21. SIGNOURE OF FUNERAL SERVICE LICENSEE	Morris F	RESS OF FACILITY	Cottage	Inc	
	Cliner D. Durols	284 Seco	and St.	Cheraw.	SC 29	520
	23. PART I. Enter the diseases, or complicatione that ceused the deeth. Do					Approximate
	shock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel	*				interval Between Onset end Death
	disease or condition resulting in death) a. RESTINATION OUE TO (OR AS A CONSEQUENCE OF	4 FALL	SIVI	,		
	OUE TO (OR AS A CONSEQUENCE O	PF):				
NO	Sequentially ilat conditions, b. HYPOTENS OUE TO (OR AS A CONSEQUENCE OF	11911				
CERTIFICATION	If eny, leading to immediate cause, Enter UNDERLYING	OF):				
FIC	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE C	OF):				
E	resulting in deeth) LAST					
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting	in the underlying ceue	e given in Part	i. 24a. WAS AN / PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ŏ	CACHEKIA			1 - YES 2	KNO	OF DEATH?
	DI 40361 572					1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	00 01 100 0	F DEATH (Check or			
2	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA	OTHER:				
HYS	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. Til	4 Nursing Nome 5 UME OF 28c, INJURY AT		Other (Specify) DESCRIBE NOW IN	JURY OCCUR	ED
4	1 Natural 5 Pending	M 1 YES				
) BY	3 Suicide 28e. PLACE OF INJURY — At home, farm,	street, factory, office	281.	LOCATION (Street e	nd Number or F	Bural Route Number,
TEL	4 Nomicide determined building, etc. (Specify)			City or Town, State)		
PLE	29e. CERTIFIER (Check only 1 🛣 CERTIFYING PNYSICIAN: To the best of my knowledge, death occur	red at the time, date end pi	lace, end due to th	e cause(e) end man	ner as atated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigat	ion, in my opinion, death or	coured at the time,	date and place, and	due to the ca	use(a) and manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. I	LICENSE NUMBER		29d. DATE SI	GNED (Month, Day, Year)
3 BE	/W		D-185	45	▶ 3	1290
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ					
			ıll Roa	id, #80	4, Ox	en Hill, MD
	31. DATE FILEDANDER Day Year) 1990 32 REGISTRATS SIGNATURE					

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, shows after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	CE	ERTIFICATE	OF DEAT	TH	REG. NO.

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTA	HYGIENI REG. NO.	E		
1.	DECEDENT'S NAME (First, Middle, Last) BEULAH	MAE		who L	, V	MONT	OF DEATH		EAR 3.	TIME OF DEATH
	SOCIAL SECURITY NUMBER 2/9-34-38 B. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 🗡 F	77 YRS. MOI	UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.	7. DATE (Mont) 5-	OF BIRTH 1, Day, Year) 18- 19	8.	BIRTHPLA Country) IARYL	
- 11	PENINSULA GENERA		90		BURY, MA		ND		COMI	
	DESIDENCE OF DECEDENT DESIDENCE OF DECEDENT 106. COUNT MARYLAND W	COMICO	10c. CITY, TO	10c. CITY, TOWN OR LOCATION DELMAR			10d.			1. INSIDE CITY LIMITS? X YES 2 \(\text{NO} \) NO
	De. STREET AND NUMBER				ZIP CODE			10g. CITIZEI	,	COUNTRY?
FUNEHAL	308 WALNUT STRE	ET 12. WAS DECEDENT EVER I	NIIS ADMED	13 WAS DEC	2 1875 ENDENT OF HISPAI	NIC OBION	12 /Passibi Vas	as Ma Lau		SA American in the
3	Never Merried 2 ☐ Merried ☐ Widowed 4 ☐ Divorced	FORCES? 1 YES	2 XNO	If yes, sp	city Cuben, Mexica 2 XNO Specif	in, Puerto		O7 NO	Black, W Specify:	American Indian, hite, etc. WHITE
COMPLEIEU	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo		16b	. KIND OF BUS	INESS/INDUS	TRY	
ž L	12 YEARS		GROWER				POUI	LTRY		
5 17	FATHER'S NAME (First, Middle, Last)	TUD	211011		16. MOTHER'S NA		Middle, Meiden	Surname)		
<u>ا</u> ا	JOHN	FUR		DRESS (Street o	CARI		has City as Town	Chata Zia Co		AJORS
) II	LOUISE HEARNE		1 To		OR, SALIS)Ge)	
	De. METHOD OF DISPOSITION 3/2 Mariet 2 Cremation 3 Per Donetion 8 Other (Specify)	5/90 noval from State	NICOMICO M	ON (Name of cer EMORIAI	PARK			CATION — CIT		
21	SIGNATURE OF FUNERAL SERVICE L	Lolloway		HOLLO	D ADDRESS OF FA DWAY FUNI SNOW HILI	ERAL			MD	21801
IFICALION 100 H S	describing in death) Sequentially list conditions, only, leading to immediate susse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST	DUE TO (OR AS a	A CONSEQUENCE OF): A CONSEQUENCE OF):	Breng	t Co.	~ C e'				9 yenrs
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	ns contributing to death i	out not reaulting in t	he undarlyin	g cause given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	AM CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
Z 25	S. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	neck only o	ne)		<u> </u>	
2 _	EXAMINER?	HOSPITAL:		THER: Nursing Hom	e 5 🗆 Residence	a 🗆 Othe	or (Specify)			
H1 27	7. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WC	URY AT PK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCU	RED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	/ — At home, farm, stree	et, factory, offic			ATION (Street a or Town, State)	and Number or	Rural Rout	e Number,
SOMPLE ED	enel	BICIAN: To the best of my know ER: On the basis of examination								nd menner as stated.
בי מ	Db. SIGNATURE AND VITLE OF CERTIFIE	R 1	E M. S)	29c. LICENSE NU			29d. DATE \$	SIGNED (M	onth, Day, Year)
30	James E. M.		20	nt)				5-1	24	770
,	1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE					Ø ₹ /-	300	7.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

	S		3
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	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sl		the state of the s
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR			MARYLAN		ICATE	OF DEA			REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)								OF DEATH			3. TIME OF DEATH	
Thomas Edga	r Wood							Man	ch 26,	199	YEAR	8:25 P.M	
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	YEAR IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		S. BIRTH	IPLACE (State or Foreign	
237-20-5669		1 📉 M 2 🗌 F	65	YRS.	MONTHS	DAYS HOURS	MIN.	5-2	1-1924		Nor	th Carolina	
9a. FACILITY NAME (If not in		set and number)	L		9b. CITY,	TOWN OR LOCAT	ON OF DE			9c. COU	NTY OF D		
Bayside Nur	sing Ce	enter			Lex:	ington F	Park.	Mai	vland	St.	Mar	y's County	
RESIDENCE OF DEC	_				2011.	ing oon i	CCLITE		Traila		IMAL	y 5 ccarry	
10a. STATE	10b. COUNTY					R LOCATION						10d. INSIDE CITY LIMITS?	
Maryland	Calve ₁	ct		Hu	nting	jtown						1 TES 2 NO	
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?								VHAT COUNTRY?					
Box 180, Bu	ckler E	Road				2063	39			Uni	ted	States	
11. MARITAL STATUS		12. WAS DECEDER FORCES?	TEVER IN U	I.S. ARMED		MAS DECENDENT yes, specify Cub				or No-	14. RACE Black	E — American Indian, k, White, etc.	
1 Never Married 2 X		IF YES, GIVE	MAR OR DATE	ES	1	☐ YES 2 NO	Specify	r:	Thous, ow,			ny. ite	
	1	471011	1:					1				rre	
(Specify on	EDENT'S EDUC by highest grade of	completed)		5a. DECEDENT'S (Give kind of	work done o	CUPATION luring most of work	ing	16	b. KIND OF BUSI	NESS/INI	DUSTRY		
Grade 12	0-12)	College (1-4 or 5							14-01 T-		1		
17. FATHER'S NAME (First, A	Helello I matt			Iron Wo	rker	40.1400	PI I PINO ALA		Steel In		try		
									Middle, Maiden S	urname)			
William Jet)a							a Cook				
Irene Virgi		show Man	a			(Street and Number						20520	
20a. METHOD OF DISPOSIT		ster woo				Buckler		, HI	- T				
1 N Burial 2 - Cremati	on 3 🗆 Remo	val from State	0	other place)		ne of cemetery, cre	metory or				City or To		
4 Donation 5 Othe		INSEF		Vet. (_	OLY NAME AND ADDRI	FRE OF EA	CILITY	Chel	teni	nam,	Maryland	
11	c 4				1	TAME AND ADDITI	LOG OF TAK	OILI I	Rausch	Fu	nera:	l Home	
Itu	$C \cdot S$	nitta			Po	rt Repu	blic,	, Ma	ryland	206	76		
23. PART I. Enter the cahock, or h		omplications the			not anter	the mode of d	ying, suci	h as ca	rdiac or respir	etory ar	reat,	Approximate interval Between	
IMMEDIATE CAUSE (FI		11					0	1	1 -00	,		Onset and Death	
disease or condition	→ .	. N/-	e ta	stat	2 ((a1	-	0	5100			chs	
		DUE TO	OR AS A C			disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF):							
Companielle list condi												7	
Sequentially list conditions, Due to (or as a consequence of):													
if any, leading to imme	diata	DUE TO	OR AS A C	ONSEQUENCE O	F):		-						
	diata ING	•					\						
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	odiata ING ury	•		CONSEQUENCE O									
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju	odiata ING ury	•											
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diata ING ury	DUE TO	O (OR AS A C	CONSEQUENCE O	F):	derlying cause	given in	Part I.	24e. WAS AN /		248	b. WERE AUTOPSY FINDINGS	
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diata ING ury	DUE TO	O (OR AS A C	CONSEQUENCE O	F):	derlying cause	glven in	Part I.	PERFORI	AED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diata ING ury	DUE TO	O (OR AS A C	CONSEQUENCE O	F):	derlying cause	given in	Part I.		AED?	244	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injection in that initiated events resulting in death) LAS	diata ING ury	DUE TO	O (OR AS A C	CONSEQUENCE O	F):	derlying cause	given in	Part I.	PERFORI	AED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	or conditions	DUE TO	O (OR AS A C	CONSEQUENCE O	F):			_	PERFORM 1 YES 2	AED?	241	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	or conditions	DUE TO	O (OR AS A C	t not resulting	in the un	26. PLACE OF	DEATH (Ch	eck only	PERFORI 1 YES 2	AED?	24k	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injustration in that initiated events resulting in death) LASPART II. Other algnifications.	or conditions	DUE TO	O death but	t not resulting	in the un	28. PLACE OF	DEATH (Ch	eck only o	PERFORI 1 YES 2 One)	NO NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	or MEDICAL	DUE TO	O death but	t not resulting	in the un	26. PLACE OF	DEATH (Ch	eck only o	PERFORI 1 YES 2	NO NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	or MEDICAL Pending investigation	DUE TO	D (OR AS A C D death but	t not resulting	OTHER	26. PLACE OF Ining Home 5 F 28c. INJURY AT WORK?	DEATH (Ch	5 Ott	PERFORM 1 YES 2 One) Her (Specify) ESCRIBE HOW IN	NED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	or MEDICAL	HOSPITAL: 1 Inputant 2 25a. DATE 0 (Month,	D (OR AS A C D death but	t not resulting	OTHER	26. PLACE OF Ining Home 5 F 28c. INJURY AT WORK?	DEATH (Ch	5 Ott 28d. Di	PERFORI 1 YES 2 One)	NED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 2 Accident 3 Suicide 5 4 Homicide	ant conditions TO MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 Inputant 2 25a. DATE O (Month,	D (OR AS A C D death but Deprivation of the control	t not resulting	OTHER 4 DATE 4 DATE 4 DATE ME OF JURY M	28. PLACE OF Ing Home 5 P 28c. INJURY AT WORK? 1 YES 2 Pory, office	DEATH (Charlesteence	5 Ott	PERFORM 1 YES 2 Mer (Specify) ESCRIBE HOW IN CATION (Street as y or Town, State)	JURY OC	CCURED or Aural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 2 Accident 2 Accident 3 Suicide 5 4 Homicide 29a. CERTIFIER (Check only)	Pending investigation Could not be determined	HOSPITAL: 1 Inputant 2 25a. DATE O (Month, 28a. PLACE building	D (OR AS A C D death but Description of the control	t not resulting tient 3 DOA 25b. Till iN At home, farm,	In the un OTHER 4 DATUM AE OF JURY M street, fact	28. PLACE OF Ining Home 5 F 28c. INJURY AT WORK? 1 YES 2 ory, office	DEATH (Chi	sck only of 5 Ott 28d. Did 28d	PERFORM 1 YES 2 Inter (Specify) ESCRIBE HOW IN CATION (Street as yor Town, State)	MED? NO JURY OC	CCURED or Aural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 2 Accident 2 Accident 3 Suicide 5 4 Homicide 29a. CERTIFIER (Check only)	Pending investigation Could not be determined	HOSPITAL: 1 Inputant 2 25a. DATE O (Month, 28a. PLACE building	D (OR AS A C D death but Description of the control	t not resulting tient 3 DOA 25b. Till iN At home, farm,	In the un OTHER 4 DATUM AE OF JURY M street, fact	28. PLACE OF Ining Home 5 F 28c. INJURY AT WORK? 1 YES 2 ory, office	DEATH (Chi	sck only of 5 Ott 28d. Did 28d	PERFORM 1 YES 2 Inter (Specify) ESCRIBE HOW IN CATION (Street as yor Town, State)	MED? NO JURY OC	CCURED or Aural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 2 Accident 2 Accident 3 Suicide 5 4 Homicide 29a. CERTIFIER (Check only)	Pending investigation Could not be determined	HOSPITAL: 1 Inpatient 2 25a. DATE O (Month, 28a. PLACE building	D (OR AS A C D death but Description of the control	t not resulting tient 3 DOA 25b. Till iN At home, farm,	In the un OTHER 4 DATUM AE OF JURY M street, fact	26. PLACE OF ling Home 5 F 28c. INJURY AT WORK? 1 YES 2 ory, offica me, data and place pinion, death occurrence.	DEATH (Chi	5 Ott 28d. Di	PERFORM 1 YES 2 Inter (Specify) ESCRIBE HOW IN CATION (Street as yor Town, State)	NO N	or or Rural steel, the cause(AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	ant condition TO MEDICAL Pending investigation Could not be determined THEYING PHYSIC DICAL EXAMINET	HOSPITAL: 1 Inpatiant 2 25a. DATE O (Month, 28a. PLACE building	D (OR AS A C	t not resulting tent 3 DOA 25b. Till N At home, farm,	In the un OTHER 4 DIVIN	26. PLACE OF ling Home 5 F 28c. INJURY AT WORK? 1 YES 2 ory, offica me, data and place pinion, death occurrence.	DEATH (Charlesidence	5 Ott 28d. Di	PERFORM 1 YES 2 Inter (Specify) ESCRIBE HOW IN CATION (Street as yor Town, State)	NO N	or or Rural steel, the cause(AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and manner as stated.	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5	Pending investigation Could not be determined TO MEDICAL Pending investigation Could not be determined THEY IND PHYSIC DICAL EXAMINED OF PERSON WHICE	HOSPITAL: 1 Inputant 2 25a. DATE 0 (Month, 28a. PLACE building	D (OR AS A C	t not resulting tent 3 DOA 25b. Till N At home, farm,	In the un OTHER 4 DIVIN	26. PLACE OF ling Home 5 F 28c. INJURY AT WORK? 1 YES 2 ory, offica me, data and place pinion, death occurrence.	DEATH (Charlesidence	5 Ott 28d. Di	PERFORM 1 YES 2 Inter (Specify) ESCRIBE HOW IN CATION (Street as yor Town, State)	NO N	occured or or Rural sted, the cause(AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and manner as stated.	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	Pending investigation Could not be determined TITYINO PHYSIC E OF CERTIFUL F PERSON WHILE COULD TO THE PERSON WHILE COULD	HOSPITAL: 1 Inputant 2 25a. DATE O (Month, 28a. PLACE building	D (OR AS A C	ent 3 DOA 25b. Till IN At home, farm, Ge, death occur and/or investigati	In the un OTHER 4 DIVIN	26. PLACE OF ling Home 5 F 28c. INJURY AT WORK? 1 YES 2 ory, offica me, data and place pinion, death occurrence.	DEATH (Charlesidence	5 Ott 28d. Di	PERFORM 1 YES 2 Inter (Specify) ESCRIBE HOW IN CATION (Street as yor Town, State)	NO N	occured or or Rural sted, the cause(AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and manner as stated.	

DHMH-16 Rev 1/89

DHMH-16 Ray 1/89

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	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO).								
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH								
	STEWART SINCELL WILBURN	1			29 90 10:15 P								
		E (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24	16.6 15 16 1	8. BIRTHPLACE (State or Foreign Country)								
	215266591 1M 2 = F	60 YRS.	NTHS DAYS HOURS R	01 26	1930 Maryland								
	9a. FACILITY NAME (If not institution, give street and number)	98	. CITY, TOWN OR LOCATION		9c. COUNTY OF DEATH								
R	SACRED HEART HOSPITAL		CUMBERLAN) .	ALLEGANY								
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND Garrett Grantsville 10c. CITY, TOWN OR LOCATION 10d. INSI LIMIT 10m. STREET AND NUMBER Star Route, Box 72-A1 10c. CITY, TOWN OR LOCATION 10d. INSI LIMIT 10d. INS													
									11. MARITAL STATUS 1 Never Merried 1 Never Merried 1 Never Merried 12. WAS OECEOENT EVER FORCES? 1 1 VER ONLY NO.	S 2 XNO	If yes, specify Cuban, I	ISPANIC ORIGIN? (Specify Ye lexicen, Puerto Ricen, atc.)	ee or No— 14. RACE — American Indian, Black, White, etc.
								B⊀	3 Widowed 4 Divorced	DATES	1 - YES 2 -XO	Specify:	Specify: White
									15. DECEDENT'S EDUCATION	16a. DECEOENT'S US	UAL OCCUPATION	16b, KIND OF BU	USINESS/INOUSTRY
								ETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working		
<u> </u>	7	Ston	e Cutter	Sto	ne Quarry								
COMPL	17. FATHER'S NAME (First, Middle, Last)	1 00011		'S NAME (First, Middle, Maide									
ВС	Walter Charles Wilburn		Am	anda Wilt									
1 10	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or		wn, State, Zip Code)								
2	Alice E. Wilburn	Star R	t., Box 72	-A1; Grant	sville, MD 21536								
	20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITI	ON (Name of cametery, cremator		OCATION — City or Town, State								
	1 N Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place) Rittinger	Cemetery	Bi	ttinger, MD								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS	OF FACILITY									
	* Kurk K Newme	41		uneral Hom									
	23. PART I. Enter the diseases, or complications that cour			lle. MD 2									
	shock, or heart feilure. Liet only one cause on	each line			Interval Between								
	iMMEDIATE CAUSE (Fine) disease or condition	(DA cto	Cor Pul	vine ala.	Onset and Deet								
	resulting in deeth) e	S A CONSEQUENCE OF:	coo rue	morace	JIIIIN								
_					į								
CERTIFICATION	Sequentially liet conditions,	S A CONSEQUENCE OF):											
Ĭ¥	if any, leading to immediate cause. Enter UNDERLYING												
Ĕ	CAUSE (Diseese or Injury that initiated events	S A CONSEQUENCE OF):											
ᇤ	resulting in dseth) LAST												
2	DAPET II. Oak or all militares and statement of the state	h.a											
DICAL	PART II. Other significant conditions contributing to desti	FULL BU	tns undsriving causs giv	PERFO	AN AUTOPSY 24b. WERE AUTOPSY FINDINGS ORMED? AVAILABLE PRIOR TO								
l d	ENOL SIFTYE	Emphy Typerten.	semo	1 YES	2 COMPLETION OF CAUSE DF DEATH?								
M	DULMONEY	49 pecteur.	sur		1 U YES 2 NO								
ä		/											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEA	'H (Check only one)									
ΥS	1 VES 2 NO 1 Inpatient 2 R/O		□ Nursing Home 5 □ Resk		ANTINE OCCUPED								
표	1 Natural 5 Pending			28d. DEŞCRIBE HOW	INJURY OCCURED								
B	Accident Investigation	JRY — At home, farm, stre			at and Number or Rural Route Number,								
0	3 Suicide 8 Could not be building, etc. (S	specify)	et, ractory, office	City or Town, Stat	(a)								
	29e. CERTIF ER												
뒡	(Check and EMIPTING PHYSICIAN: IS the beat of my kr												
COMPL	MEDICAL EXAMINER: On the basis of examina	ition and/or investigation,	In my opinion, death occured	at the time, date and place,	and due to the cause(a) and menner as stated.								
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	With my	29c. WCEN	E NUMBER	29d. DATE SIGNED (Month, Cay, Year)								
0	MUTHEN OF DO	Juny Fa	1111	(20253	1, 2/20/10								
=	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF			An A.	Leulau A MID								
	FICHARD G. OCT	tmutt me	1 LOU Ser	M OIL CUU	senting inch								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SI	GNATURE CONTRACTOR											
	APR 02 1990 Julia Sariah	De Alaston											
					DHMH-16 Ray								

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Even to Administr

		6
BALTIMORE, MARYLAND 21203-3146	1 24 months after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit pation, or removal.
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ш	after	y filled in by the tion, or removal.
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	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) LACY ANN WELSH			14		2. DATE O MONTH MAR(D/		EAR	TIME OF DEATH 10:30 A ^M 向(State or Foreign
	4. SOCIAL SECURITY NUMBER		'In yrs. last birthday)	IF UNDER 5 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH Day, Year)	8	Country)	(State or Foreign
	705 10 6855	1 - M 2 X F	95 YRS.			04/0	1/189		y Va	
_	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUNT	OF DEATH	1
<u>6</u> 7	SACRED HEART I	<u>IOSPITAL</u>		CUME	RLAND, MI)		ALL	EGAN	7
<u>ც</u> '	10a. STATE 10b. COUNT	Y	10CAH	BEBLAN	SEBILAIND					YINSIDE CITY
DIRECTOR	MD All	Legany	Cu	mberla	nd				1 5	LIMITS?
	10e. STREET AND NUMBF				101. ZIP CODE 10g. CITIZEN C					141
EB/	212 Central	Ave.			21502 USA					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED		ENDENT OF HISPAN					American Indian,
BY F	Never Married 2 Married 3 XVIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	IF YES, GIVE WAR OR D	ATES		ecify Cuban, Maxica 2 NO Specify		can, atc.)	Black, White, etc. Specify:		
	****				40	1	nie seren		hite	3
	15. DECEDENT'S EDU	-completed)	16a. DECEDENT'S (Give kind of water the Do NOT use	ork done during mo retired.)	on ast of working	16b. F	CIND OF BU	SINESS/INDUS	TRY	
COMPLETED	Elementary/secondary (0-12)	College (1-4 or 5+)			erator	Ra	il D	oad (' O	
8	17. FATHER'S NAME (First, Middle, Last)		10101	one op	18. MOTHER'S NA				.0.	
	Theophilus D	lont Hammin			Susan			-	ma)	
BE	19a. INFORMANT'S NAME (Type/Print)	еш паггіз		ADDRESS (Street of	I_SIISAN and Number or Rural I					
임	A Lee Welsh		4749	Kanora	Dr., J	fulia	n. N	C		27283
	20a. METHOO OF DISPOSITION		. PLACE OF DISPOS			4114		CATION — CIT		Stata
	1 Burial XX Cremation 3 Ram 4 Onnation 5 Other (Specify)	oval from State	other place) Smithsb	ura Cr	ematori	um	Sini	thsb	ira.	MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ND ADDRESS OF FA	CILITY K i	aht	Funer	al F	Iome
	> William	J Kust II		309-	311 Dec	atur	St.	. Cum	berl	and, MD
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition reculting in death)	List only one glaues on e	d the death. Do neach line.	Lailer	,		ac or reep	Iratory arrea	, 	Approximete interval Between Onaet and Death
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART ii. Other algnificant condition	na contributing to death b	out not reaulting i	n the underlyin	g couse given in		24a. WAS AN PERFOI 1 YES 2	RMED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one,)			
မ္ဟ ၂	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	ne 5 🗆 Rasidenca	6 Other	(Specify)			
¥	27. MANNER OF DEATH	28s. DATE OF INJURY	26b. TIM	E OF 28c. IN	JURY AT			INJURY OCCU	RED	
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJ		YES 2 NO					
COMPLETED B	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, stc. (Spe	f — At homa, farm, a	treet, factory, offic	· ·		TION (Street Town, State,	and Number or	Rural Route	Number,
<u>ا</u> ا	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	viedge, death occum	d st the time, date	and glace, and due	to the caus	e(s) and ma	nner as stated	,	
8	onal comp	ER: On the basis of axamination								d manner as stated.
	29b. SIGNATURE AND TITLE OF COMPANY	pi.			29c. LICENSE NUI	MBER		29d. DATE	SIGNED (Mo	onth, Day, Year)
出	(UVa	_ mo			17776	- 9		▶ 7	1291	90
임	30. NAME AND ADDRESS PERSON WITH THE PERSON WI	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print) 1068	NATIO	NAL	INY	-10	Ta	CA-VIAGE
	31. DATE FILES (Month, Day, Year) MAR 3 0 1990	32, BEGISTRAR'S, SIGN	NATURE							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

47 451149 20



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Leat) NRTLE	ROSE	Myrtle WEL	Rose,	Weeks	2. DATE OF DEATH	21.19	3. TIME OF DEATH
	215-07-7967	□ M 2 🔀 F 8	fn yrs. last birthday) 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 11,	L905	BIRTNPLACE (State or Foreign Country) Virginia
FOR	Fallston General H	99. FACILITY NAME (If not institution, give street and number) Fallston General Hospital			or location of de ston	ATN		y of death rford
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Maryland Harfo	ord	Bel	y, town or loca	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 862 Wheel Road			1	21014			N OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yea, s	CENDENT OF HISPAN pecify Cuban, Maxica S 2 NO Specify	NC ORIGIN? (Specify) n, Puarto Rican, etc.)		6. RACE — American Indian, Black, Whita, atc. Specify: Thite
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) 9	ON spleted) follege (1-4 or 5+)	life. Do NOT us	work done during n se retired.)	ost of working Operator		Govern	
COM	17. FATHER'S NAME (First, Middle, Last) Thomas J. Cool	k			18. MOTHER'S NA Victor	ME (First, Middle, Maid La	n Sumame) Reedy	
TO BE	19a. INFORMANT'S NAME (Type/Print) Myrtle R. Wymer					Air, Md.		ode)
	20e. METNOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	1rom Stata E	PLACE OF DISPOSE	SITION (Name of o	Gardens		ocation - ch	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Mc Con	Mastu	Howa	rd K. Mox	Comas III	Funera	al Home, P.A.
	23. PART I. Enter the diseases, or com ahock, or heert feliure. List IMMEDIATE CAUSE (Final							
	dleease or condition resulting in deeth)	PNLUM OUE TO (OR AS A	CONSEQUENCE O	F):				3 dogs
TION	Sequentielly list conditions, if sny, leading to immediats	C V A	CONSEQUENCE O	F):				SWKS
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):						
	PART II. Other eignificent conditions of	ontributing to death b	eath but not resulting in the underlying couse given in Part I.				AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	Diabetes Mellit		at not resulting		ng cocoa given in	PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IN: N								
SICIA		OSPITAL:	estion 2 000	OTHER:	PLACE OF DEATH (Ch			
BY PHYSICIAN: ME	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIN	NE OF 28c. If	me 5 Residence IJURY AT ORK? YES 2 NO	28d. DESCRIBE NO	Y INJURY OCCU	RED
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	At home, ferm,	atreet, factory, off	ce	28f. LOCATION (Stre City or Town, Sta		r Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C							f. cause(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Zolando (lila.	No	D 171			SIGNED (Month, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON WHO C		FALLS to	, Print) V GONI	enal Ho	spital	,	
	31. DATE FILEO (Month, Day, Year) MAR 2 2 '90	32. REGISTRAR'S SIGN	idson-Rand	ree.				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within is after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
within	pletely filled cremation,	ent, the
be executed	cian and com or to burial,	aumatic ev
n certificate	nding physic Hygiene pri	or other tr
at the deatl	by the atte	y injury,
requires th	een signed of Health	shows an
N: The law	icate has b State Dept.	Item 23
G PHYSICIA	er this certil	narked, or
ATTENDIN	IECTOR: After safter dea	п 28 із п
TO THE HOSPITAL OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If iten

	FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTM			ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) ROYALL THOM	Jr.		2. DATE OF DEATH DAY	1990	3. TIME OF DEATH		
	216-01-2234 1	12 m 2 □ F 8	3 YRS. MON		HOURS MIN.	7. DATE OF BIRTH (Mgnth, Day, Year) 4-22-/90	6 VII	RGINIA
TOR	98. FACILITY NAME (If not institution, give street in ROLAND PARK INTERPRETATE OF DECEMENT	PLACE			HORE	TH 9c. 6	COUNTY OF D	EATH
DIRECTOR	100. STATE 10b. COUNTY Freder	ick	10c. CITY, 10	WN OR LOCATI	Un	ion Bridge		10d. INSIDE CITY LINY:-YS? 1 LYES 2 X NO
FUNERAL		8 Green Val			-	21791 10g.	U.S	NHAT COUNTRY?
B		was decedent ever in forces? 1 Ves if yes, give war or dat	ES	If yes, spe	city Cuban, Mexican, 2 NO Specify:		Black Speci	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)	DN oleted) bilege (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	ione during mos red.)	N it of working	166. KIND OF BUSINESS HEALTH	+ WELI	FARE/ SERNKENT
JMC	17. FATHER'S NAME (First, Middle, Lest)	7	Accou.	NIAN	18. MOTHER'S NAME	E (First, Middle, Maiden Sumer		DERNIENT
	Royall Thomas Webst	ter, Sr.				mden Clark	,	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street ar		ute Number, City or Town, State	e, Zip Code)	
F	Margaret W. VanDyk				allev Rd.			
	28a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal	from State	PLACE OF DISPOSITIO other place)			20c. LOCATION		
	4 ☐ Donation 5 ☐ Other (Specify)		ate of Hea		emetery D ADDRESS OF FACIL	Silver		
	Catharine O.	Xarpe	ler		ertytown,	D.D. Hart	zler 8	& Sons
	23. PART I. Enter the diseases, or com shock, or heart fellure. List IMMEDIATE CAUSE (Finel	plicatione that ceused only one cause on ee	the death. Do not e ch line.	inter the mod	de of dying, such	ee cerdiec or respirator	y errest,	Approximate interval Between Onset end Death
	disease or condition resulting in deeth)	DUETTO TOR AS A	CONSEQUENCE OF:	·				2 Weeks
ATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (ON AS A	OUNSEQUENCE OF):	4	Denna	ati		5 ms
CERTIFICATION	CAUSE (Oisease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):			rua		
	PART II. Other significent conditions of	ontributing to death bu	it not regulting in th	e underlying	ceuse given in P	art i. 24s. WAS AN AUTO	PSY 241	b. WERE AUTOPSY FINDINGS
CAL	7.	sate 1	volunt		Codec given in r	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	P	in Jo	illori			_ 1		0F DEATH? 1 YES 2 NO
NA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Chec	k only one)		
Signal P	100	OSPITAL: Inpatient 2 ER/Outpe		HER: Mursing Hom	e 5 🗆 Residence 6	☐ Other (Specify)		
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WO	RK?	28d. DEȘCRIBE HOW INJUR	Y OCCURED	
B	2 Accident Investigation	28e. PLACE OF INJURY	At home ferm street		ES 2 NO	28t. LOCATION (Street and Nu	umbas as Burst	Dolda Mirahas
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Speci	fy)	i, ractory, office		City or Town, State)	umber or Hurai .	Houte Number,
E	29e. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowle	edge, death occurred at	the time, date	end place, end due to	o the cause(e) end menner e	e stated.	
COMPLETED	one) 2 MEDICAL EXAMINER: 0							e) end menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	26 06	×		29c. LICENSE NUMB	3ER 29d	DATE SIGNED	D (Month, Day, Year)
10 B	Gragory Jo:	Tolker	MD		752	677	3/18	8190
	30. NAME AND ADDRESS OF PERSON WHO CO Gregory Walker	3	300 N.	Calo	orl st	BALTO	CLH	1218
	31. DATE FILED (Month, Day, Year) MAR 20 '90	32. REGISTRAR'S SIGNA	idoon-Randel	2				

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTM	IENT OF	HEALTH	AND	MENTAL	HYGIENE
			ERTIFIC	ATE O	F DEAT	ГН		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, t ALICE	EVELYN	WETZEL		2. DATE OF DEATH DA	7990 1990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 162–26–3597	1 DEMALE	69 YRS. MON		(Month, Day, Year) 11/09/20	PEN	NSYLVANIA
9a. FACILITY NAME (If not institution, p FREDERICK MEMOR	IAL HOSPITAL	ŀ	CITY, TOWN OR LOCATION OF DE FREDERICK		FREDER	
	REDERICK	10c. CITY, TO IJAMS	WN OR LOCATION VILLE		***	10d. INSIDE CITY LIMITS? 1 VES 2 NO
3020 UKBANA PIK	Е		101. ZIP CODE 2175	4	-	S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed V 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica: 1 YES 2 NO Specify NO	n, Puarto Rican, atc.)	Sp	CE — American Indian, ack, White, atc. ecity: HITE
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S USU: (Give kind of work of life. Do NOT use red) HOUSEWIFE.	tone during most of working	16b. KIND OF BUS		,
17. FATHER'S NAME (First, Middle, Las HAYS GROF'T	ŋ		4148 = 50 mm = 5	ME (First, Middle, Maiden		
19a. INFORMANT'S NAME (Type/Print) RONALD E. WETZE			RESS (Street and Number or Rural I			
20a. METHOD OF DISPOSITION B 1 Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify)	URIAL 20		STON RD. WES N (Name of cemetery, crematory or CEMETERY	20c. LO	CATION — City or	Z MD
21. SIGNATURE OF FUNERAL SERVICE		lew	22. NAME AND ADDRESS OF FA	BRIDGE, MD	HARTZLEI	R & SONS
23. PART I. Enter the diseases shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. TERMAN DUE TO (OR AS DUE TO (OR AS	ach iine.	THTIC SMALL			Approximate intarval Batween Onset and Death
PART ii. Other significant cond	dditions contributing to death i	out not resulting in th	e undarlying cause given in	Part i. 24a. WAS AN PERFOR	MED?	AAb. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	AL HOSPITAL:		26. PLACE OF DEATH (Ch THER:			
27. MANNER OF DEATH 1 Notural 5 Pending Investigs		28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
2 Accident Investiga 3 Suicide 6 Could no 4 Homicide determin	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, street coffy)	t, factory, office	281. LOCATION (Street City or Town, State)		al Route Number,
(Critica Crity -	PHYSICIAN: To the best of my know					e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CER			29c. LICENSE NUI	MBER 191	29d. DATE SIGN	IED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO	MARAGE, Ch. A.	187 Th	m Then a	Felm	hore.	2/70,
31. DATE FILED (Month, Day, Year)	32. REGISTRAR SIG	Davidson-Ran	dell			

* REGISTRAR				CERTIF	ICATE	OF DE	AIH		REG. NO.				
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE	OF DEATH		wa.em	3. TIME OF DEATH	
	Shi	iela		Was	hingt	on		1 —	н м 9-90	NY.	YEAR	5:13PM	M
4. SOCIAL SECURITY NUMB	ER S	5. SEX	6. AGE (In yrs.	iast birthday)	IF UNDER 1		ER 24 HRS.	7. DATE	OF BIRTH h, Day, Year)		8. BIRTI	HPLACE (State or Fore	ign
	1	1 🗆 M 2 🔀 F		YRS.	MONTHS 1	27 HOUR	MIN.	NOV	. 13,	1989		ĞINIA	
9a. FACILITY NAME (If not in:	stitution, give stree	et and number)			9b. CITY,	TOWN OR LOC	TION OF D	EATH		9c. COUN			
Southern M	laryland	d Hospit	al			Clint	on			Prin	ice (Georges (o.
RESIDENCE OF DEC	10b. COUNTY			100 017	Y, TOWN OF	LOCATION						10d, INSIDE CITY	
		GEORGE	10 00			WASHIN	ZIIV NI					LIMITS?	
MARYLAND 100. STREET AND NUMBER	PRUNCE	GEORGE	, CU,		LOIG	101. ZIP C				10a CITI	ZEN OF	1 TYES 2 XN WHAT COUNTRY?	0
2707 TESTWA	V 7/17F					2074					5.A.	WILLI COOMINY	
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13. W			NIC ORIGI	N? (Specify Yes			E — American Indian	
1 Never Married 2		FORCES?	YES 2	Хио	at.	yee, specify C	ben, Maxica	an, Puarto			Blac	k, White, atc.	,
3 Widowed 4 Divo	road	11 120, 0172	THE OWNER		1 .		Opeon	·y.			opec	BLACK	
	EDENT'S EDUCAT		16a.	DECEDENT'S	USUAL OC	CUPATION iring most of wo	rkina	161	. KIND OF BU	SINESS/IND	USTRY		
Elamentary/Secondary (0		College (1-4 or 5	+)	life. Do NOT u	se retired.)	ming most of me							
				NO	Æ				NONE				
17. FATHER'S NAME (First, M.						200			Middle, Malden	T. A.	~ 7		
ALVIN T. ST						_			• WASH				
19a. INFORMANT'S NAME (7)		TOTTON							ober, City or Tow		,	T 73.TD	
MICHELLE A.		IGTON		-				T. WA	SHINGT				
20a. METHOO OF DISPOSITION 1 D Burial 2 D Cremation	n 3 🗌 Remove	al from State		CE OF DISPO r place)	SITION (Nam	e of cemetery,	rematory or	1/3	20c. LO	CATION -	Cify or T	own, State	1
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		Neee	1/40	rimo	my	ME AND ADD	real	Far	FUNERA	CET	KL	Marykan	V.
	-12 /	sell			(J. N	AME AND ADL	HESS OF FA	WCILITY .	FUNERA	L SEr	(ATC	E ASSUC.	
Sm	the to	ieec			14:	25 MAR	YLAND	AVE	. NE,	WASHI	INGI	ON, DC 20	0002
23. PART i. Enter the di		mplications the			not enter t	he mode of	dying, suc	ch es cer	diec or resp	ratory arr	rest,	Approximat	
IMMEDIATE CAUSE (Fir		bt Dilly Offic Co.	DOG OIL GOOT	11116.								Onset and	
diesese or condition resulting in deeth)	→	SMOTHER	RING AN	D SUDI	DEN DE	EATH D	ie To	REIN	NG SHAI	7T70.7			Deani
			OR AS A CON							(EN		ļ	Deedii
Sequentielly liet conditi	-				pr 9.		<u> </u>	וויונו		(EN			Death
	lone b.			1			- IO	ווענ		(EN			Jeeur
if eny, leeding to imme	diate	DUE TO	(OR AS A CON	ISEOUENCE C			70 10			(EN			Deedil
cause. Enter UNDERLYi CAUSE (Disease or inju	diate ING				DF):			DLII		(EN			Jeeui
cause. Enter UNDERLY	diate iNG iry c.		OR AS A CON		DF):			DLII		(EIN			Jeeu I
cause. Enter UNDERLY CAUSE (Disease or inju- thet initiated events	diate iNG iry c.				DF):		70 10			KEIN			Jeeu II
cause. Enter UNDERLY CAUSE (Disease or inju- thet initiated events	diate iNG iry c.	DUE TO	OR AS A CON	ISEOUENCE C)F):	lerlying caus			24s. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FIN	DINGS
cause. Enter UNDERLY! CAUSE (Disease or inju thet initiated events resulting in deeth) LAS	diate iNG iry c.	DUE TO	OR AS A CON	ISEOUENCE C)F):	lerlying caus				AUTOPSY	24	AVAILABLE PRIOR T	DINGS O WSE
cause. Enter UNDERLY! CAUSE (Disease or injuthet initiated events resulting in deeth) LAS	diate iNG iry c.	DUE TO	OR AS A CON	ISEOUENCE C)F):	lerlying caus			24a. WAS AN PERFOI	AUTOPSY	24	AVAILABLE PRIOR T	DINGS O WSE
cause. Enter UNDERLY! CAUSE (Disease or injuthet initiated events resulting in deeth) LAS	diate iNG iry c.	DUE TO	OR AS A CON	ISEOUENCE C)F):	lerlying caus			24a. WAS AN PERFOI	AUTOPSY	24	AVAILABLE PRIOR T	DINGS O WSE
cause. Enter UNDERLY! CAUSE (Disease or inju thet initiated events resulting in deeth) LAS PART II. Other eignifica	diate ING c d d d onditions	DUE TO	OR AS A CON	ISEOUENCE C	F): in the Unc	26. PLACE O	e given in	n Part i.	24a. WAS AN PERFOI 1 ⊠XYES 2	AUTOPSY	24	AVAILABLE PRIOR T	DINGS O WSE
cause. Enter UNDERLY CAUSE (Disease or injuit thet initiated events resulting in deeth) LAS PART II. Other eignifica	diate ING c d	DUE TO	o (OR AS A CON	ot resulting	in the unc	26. PLACE O	e given in	Part i.	24s. WAS AN PERFOI 1 ∑ XYES :	AUTOPSY	24	AVAILABLE PRIOR T	DINGS O WSE
cause. Enter UNDERLY! CAUSE (Disease or inju thet initiated events resulting in deeth) LAS PART II. Other eignifica	diate ING c d	contributing to	O (OR AS A CONTROL OF INJURY)	ot resulting	OTHER	26. PLACE 0 : ing Homa 5 [28c. INJURY A	e given in F DEATH (C) Residence	heck only of 8 Oth	24a. WAS AN PERFOI 1 X X ES 2	AUTOPSY MMED? I NO	CURED	AVAILABLE PRIOR TO COMPLETION OF CA OF PEATH?	DINGS O WSE
cause. Enter UNDERLY CAUSE (Disease or injusted events resulting in deeth) LAS PART II. Other eignifica 25. WAS CASE REFERRED T EXAMINER? THE YES 2 NO 27. MANNER OF DEATH 1 Natural 5	diate ING c d	contributing to	O (OR AS A COND deeth but n	ot resulting	In the unc	26. PLACE 0 : ing Homa 5 [e given in	heck only of 8 Oth	24s. WAS AN PERFOIL 1 X X ES :	AUTOPSY MMED? I NO	CURED	AVAILABLE PRIOR TO COMPLETION OF CA OF PEATH?	DINGS O WSE
cause. Enter UNDERLY! CAUSE (Disease or inju thet initiated events resulting in deeth) LAS PART II. Other eignifica 25. WAS CASE REFERRED T EXAMINER? **AT TEXAMINER? **AT TEXAMINER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8	diate ING IT d. d. O MEDICAL Pending Investigation Could not be	DUE TO contributing to HOSPITAL: 1 Inpetient 2 ² 28a. DATE 0 (Month, 1	O (OR AS A COND deeth but not be conditioned by the	ot resulting	OTHER 4 Under Murel ME OF JURY M	26. PLACE O : ing Homa 5 [28c. INJURY A' WORK? 1 [] YES	e given in	heck only of 8 Oth 28d. DE SU!	24a. WAS AN PERFOIL 1 X X ES : or (Specify) SCRIBE HOW : BUECT CATION (Street	AUTOPSY 3MED? NO NJURY OCC	cured SHAKI	AVAILABLE PRIOR TO COMPLETION OF CA OF PEATH? X X X X 1 YES 2 N	DINGS O WSE
cause. Enter UNDERLY! CAUSE (Disease or inju thet initiated events resulting in deeth) LAS PART II. Other eignifica 25. WAS CASE REFERRED T EXAMINER? ***********************************	diate ING C T. d d O MEDICAL Pending Investigation	DUE TO contributing to HOSPITAL: 1 Inpetient 2 ² 28a. DATE 0 (Month, 1	December 1	ot resulting	OTHER 4 Under Murel ME OF JURY M	26. PLACE O : ing Homa 5 [28c. INJURY A' WORK? 1 [] YES	e given in	heck only of 8 Oth 28d. DE SU!	24s. WAS AN PERFOIL 1 DIXES 2 or (Specify) SCRIBE HOW BUECT	AUTOPSY 3MED? NO NJURY OCC	cured SHAKI	AVAILABLE PRIOR TO COMPLETION OF CA OF PEATH? X X X X 1 YES 2 N	DINGS O WSE
Cause. Enter UNDERLY! CAUSE (Disease or inju thet initiated events resulting in deeth) LAS PART II. Other eignifica 25. WAS CASE REFERRED T EXAMINER? 1	diate ING C T. d O MEDICAL I I I I I I I I I I I I I I I I I I I	DUE TO contributing to HOSPITAL: 1 Inpatient 2 28a. DATE 0 (Month, Inc.) 28b. PLACE building	EXER/Outpetten FINJURY ON JOHN JURY OF INJURY — A setc. (Specify)	ot resulting R 3 DOA 28b. Till IN	OTHER 4 Nursi	26. PLACE O : ing Homa 5 26c. INJURY? 1 YES ry, offica	e given in	heck only of 8 Oth 28d. DE SU	24s. WAS AN PERFOIL 1 X X ES : 1 (Specify) 2 (Specify)	AUTOPSY HMED? NO NJURY OCI	CURED CHAKI OF Rural TES	AVAILABLE PRIOR TO COMPLETION OF CA OF PEATH? X X X X 1 YES 2 N	DINGS O WSE
cause. Enter UNDERLY! CAUSE (Disease or inju thet initiated events resulting in deeth) LAS PART II. Other eignifica 25. WAS CASE REFERRED T EXAMINER? ACT SE NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check gbt) 1 CERTIFIER (Check gbt)	O MEDICAL Pending Investigation Could not be determined	DUE TO contributing to HOSPITAL: 1 Inpatient 22 28e. DATE O (Month), 1 29 20 20 20 20 AN: To the best of	O (OR AS A COND D deeth but n EXER/Outpetten FINJURY — A atc. (Specify)	ot resulting a 3 DOA 28b. Till IN t home, farm,	OTHER 4 Nursi	26. PLACE 0 : ing Homa 5 = 28c. INJURY? 1 = YES ry, offica	e given in	heck only of 8 Oth 28d. DE SU	24s. WAS AN PERFOIL 1 XXES : 1 XXE	AUTOPSY HMED? INJURY OCI NAS S and Number	CURED SHAKI TO FRUIT TEST	AVAILABLE PRIOR TO COMPLETION OF CA OF PEATH? X X X X 1 YES 2 N	DINGS 0 WSE 0
cause. Enter UNDERLY! CAUSE (Disease or inju thet initiated events resulting in deeth) LAS PART II. Other eignifica 25. WAS CASE REFERRED T EXAMINER? ACT SE NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check gbt) 1 CERTIFIER (Check gbt)	O MEDICAL Pending Investigation Could not be determined TIFYING PHYSICI. ICAL EXAMINER:	DUE TO contributing to HOSPITAL: 1 Inpatient 22 28e. DATE O (Month), 1 29 20 20 20 20 AN: To the best of	O (OR AS A COND D deeth but n EXER/Outpetten FINJURY — A atc. (Specify)	ot resulting a 3 DOA 28b. Till IN t home, farm,	OTHER 4 Nursi	26. PLACE O : ing Homa 5 [28c. INJURY A' WORK? 1 [YES :ry, offica ne, data and p	e given in	heck only of a Detail of the Color of the Co	24s. WAS AN PERFOIL 1 XXES : 1 XXE	AUTOPSY MED? INJURY OC NAS S and Number GT7 Inner as stated due to the	CURED SHAKI	AVALABLE PRIOR TO COMPLETION OF CA OF PEATH? X Y YES 2 N Route Number,	DINGS 0 WSE 0
Cause. Enter UNDERLY/CAUSE (Disease or injust the initiated events resulting in deeth) LAS PART II. Other eignification of the control of th	O MEDICAL Pending Investigation Could not be determined TIFYING PHYSICI. ICAL EXAMINER:	DUE TO contributing to HOSPITAL: 1 Inpatient 22 28e. DATE O (Month), 1 29 20 20 20 20 AN: To the best of	O (OR AS A COND D deeth but n EXER/Outpetten FINJURY — A atc. (Specify)	ot resulting a 3 DOA 28b. Till IN t home, farm,	OTHER 4 Nursi	26. PLACE 0 : ng Homa 5 28c. INJURY A WORK? 1 YES ry, offica	F DEATH (C) Residence NO Rea, and du	heck only of a Detail of the Color of the Co	24s. WAS AN PERFOIL 1 XXES : 1 XXE	AUTOPSY IMED? INJURY OCI NAS S and Number Automatical state of the did due to the	CURED SHAKI	AMALABLE PRIOR T COMPLETION OF CA OF PEATH ? X X Y X Y X Y X Y X Y X Y X Y X Y X Y	DINGS 0 WSE 0
Cause. Enter UNDERLY. CAUSE (Disease or injute the initiated events resulting in deeth) LAS PART II. Other eignifica 25. WAS CASE REFERRED T EXAMINER? 1 NATURAL S NO NATURAL S NO NATURAL S NATURA S NATURA S NATURAL S NATURAL S NATURAL S NATURAL S NATURA	diate ING IT d D MEDICAL Pending Investigation Could not be determined TIFYING PHYSICI. ICAL EXAMINER:	DUE TO contributing to HOSPITAL: 1 Inpatient 2 28a. DATE 0 (Month, 1) 28e. PLACE building HOME AN: To the best of	O (OR AS A COND O deeth but n	ot resulting a 3 DOA 28b. Till IN t home, farm, o, death occur	OTHER 4 Nursi	26. PLACE 0 : ng Homa 5 28c. INJURY A WORK? 1 YES ry, offica	e given in F DEATH (C Residence Residence Residence Residence Residence	heck only of a Detail of the Color of the Co	24s. WAS AN PERFOIL 1 XXES : 1 XXE	AUTOPSY IMED? INJURY OCI NAS S and Number Automatical state of the did due to the	CURED SHAKI TO Rural TEST ted.	AMALABLE PRIOR T COMPLETION OF CA OF PEATH ? X X Y X Y X Y X Y X Y X Y X Y X Y X Y	DINGS 0 WSE 0

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mot/s after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



15'90

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

Programme and the second

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

												0 1	UI
1 - STATE REGISTRAR		STATE OF I					EALTH AND DEATH	MENTA	REG. NO.	E			
1. DECEDENT'S NAME (First	, Middle, Last)								OF DEATH			3. TIME OF DE	ATH
	JUI	_IA Ma	rie W	HITE				MONT	3/17/9		YEAR	+.45AM	B
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. les		IF UNDER	1	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or i	Foreign
711-12-1667		1 🗆 M 2 💢 F	71	YRS.	MONTHS	DAYS	HOURS MIN.	08/	23/18	1	Wash	nington	, D
9a. FACILITY NAME (If not in	nstitution, give s	treet and number)	•		9b. CITY	Y, TOWN C	R LOCATION OF D	EATH		9c. COUN	TY OF DE	EATH	
PRINCE GEOR	GES HOS	SPITAL C	ENTER		CHI	EVER	LY			PRINC	E GE	ORGE	
RESIDENCE OF DE	10b. COUNTY	,		10c. CITY	, TOWN	OR LOCAT	ION					10d. INSIDE CIT	Y
Maryland	Princ	e Georg	e's		Hya	ttsv	ille					1 X YES 2] NO
10e. STREET AND NUMBER					/		. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?	
4814 Edmor	ston F	Road					2078	1		1	U.S	. A.	
11. MARITAL STATUS			NT EVER IN U.S. AF	RMED			ENDENT OF HISPAI			or No-	14. RACE	- American Inc., White, etc.	flen,
1 Never Merried 2 7		IF YES, GIVE	WAR OR DATES	NO			200 NO Specif		Ricen, etc.)		Specif	fv-	
												Wh	ite
	CEDENT'S EDU ly highest grade		16a. DE	ECEDENT'S I Give kind of w b. Do NOT use	ork done	during mo	ON at of working	18b	KIND OF BU	SINESS/INDU	JSTRY		
Elementary/Secondary (0-12)	None	+)	usew					Ov	n Ho	ma		
17. FATHER'S NAME (First, A	Aldric Leat)	None	ПС	usew	пе		18, MOTHER'S NA	ARE (Flora		-	ille	-	
James Mille							Julia N			Sumame)			
19e. INFORMANT'S NAME (10	h MAII ING	ADDRES	S /Street s	nd Number or Rural			n State 7in	Codel		
Robert A. V			1				n Road,					and 20	781
20a, METHOD OF DISPOSIT	TION						metery, cremetory or	,		CATION — C			701
1 X Burial 2 Cremati 4 Donation 5 Other	on 3 Rem	oval from State	Ft.	Linco	In (Ceme	terv					Maryla	and
21. SIGNATURE OF FUNEFU		CENSER	1)		22.	NAME A	is Gasch	CILITY	· ·		1 11-		
Nd.1	M	12.1	/_		F	ranc	is Gascr	1'5 5	ons Fi	ınera	1 HC	ome, PA	1
23. PART I. Enter the c	70	TOTAL PARTIES	nas	anth Da a			Baltimore						_
elock, or h	neart fellure.	Liat only one ca	use on each line	e.	Ot anta	r the mo	de or dying, add	an se cer	alec of reap	ratory arre	rat,	Approxi	Betweer
IMMEDIATE CAUSE (Fi		.1.		1. 1	11							Onset a	10 Deati
resulting in death)	→	a. Malico DUE TO b. Comor	COD AS A CONSE	COLLENCE OF	Ron	19							
	_	(1	O (ON AS A CONSE	D. A.	,	2	· Clark					İ	
Sequentially list condi-	tions,	DUE TO	O (OR AS A CONSE	OUENCE OF	2 U (47	i rusi	-	-			+	
If any, leading to imme cause. Enter UNDERLY			11100-11100		•								
CAUSE (Diseese or injuths)	ury	C. OUE TO	O (OR AS A CONSE	OUENCE OF):							+	
resulting in death) LAS	ST .	4											
DAST II ON I III-							and the same of the same				_		
PART II. Other algoritic	ant condition	a contributing to	o death but not	resulting i	n the u	nderlyin	g cause given in	Part I.	24a. WAS AN PERFO		24b.	AVAILABLE PRIO	R TO
-									1 TYES 2	NO		OF DEATH?	CAUSE
												1 YES 2	NO
25. WAS CASE REFERRED T	PD 445D1041												
EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	R:	LACE OF DEATH (C						
27. MANNER OF DEATH		28e. DATE 0	ER/Outpatient	28b. TIME		_	IURY AT		SCRIBE HOW	N ILIBA OCC	HIDED		
	Pending		Day, Year)	INJ	URY	WC	YES 2 NO	200. 52	SCHIPE HOW	NOOKI OCC	ONED		
2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY — At h	ome, ferm, s	treet, fec			28f. LOC	ATION (Street	and Number	or Rural F	Poute Number	
4 Homicide	Could not be determined	building	, atc. (Specify)	, , , , , ,		,,			or Town, State,				
29a. CERTIFIER	TIEVING BUTT	IOIAN: To The Indian			40		Season Season						
(Check only							and place, and du) and manner	ndud-od
				veligation	, my	ориноп, с			one piece, et				
29b. SIGNATURE AND TITL			pr. 8.				29c. LICENSE NU			29d. DATE	SIGNED	(Month, Day, Yes	r)
au ou	may 1	4000	1. 4.				1318	11			4/8	140	

M. D. P64C/Es 32 REGISTRAP'S SIGNATURE Julia Davidson-Randalle 31. DATE FILED (Month, Day, Year)
MAR 1 9 '90

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		FOR
1	***	STATE
U		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

										-	TIEG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)	. RAE W	יייידע	TNG	MODE					MONT	of DEATH DA	1990	YEAR	3. TIME OF DEATH 6:34 A. M
4. SOCIAL SECURITY NUMB		8. SEX	6. AGE (In			IF UND	DER 1 YEAR	IF UNDER	24 HRS.		OF BIRTH	1330		PLACE (State or Foreign
220-12-1404		1 M 2XXXF		4	YRS.	MONTH		HOURS	MIN.	(Monti	13, 1	915	Country	aryland
9a. FACILITY NAME (If not in						9b. CI		OR LOCATI				9c. COU	NTY OF DE	ATH
McCready Mer		Hospita:	1				Cr	isfie	eld,	MD		S	Somer	set
10a. STATE	10b. COUNTY	1			10c, CIT	Y. TOWI	N OR LOCA	TION						10d. INSIDE CITY
Maryland		Somerset					Cr	isfie	eld,	MD				LIMITS? 1 YES 2 NO
100. STREET AND NUMBER							10	H. ZIP COD						HAT COUNTRY?
215 W. Mair	n St.	-							1817				J.S.A	
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 34		1	If yes, s	CENDENT Coperation Country Cubic S 2 ANO	n, Mexico	nn, Puerto	i? (Specify Yes Rican, etc.)	or No—	Black	, American Indian, , White, stc. White
15. DEC	EDENT'S EDU	CATION		16a. DF	CEDENT'S	USUAL	OCCUPATI	ION		186	KIND OF BUS	INESS/IN		
(Specify only	y highest grade	completed)		(Gi	ive kind of v	work doe	ne during m d.)	ost of working	ng					
Elementary/Secondary (6	1-12)	College (1-4 or 5	+)	IJ	011001	-i = c								
Grade 10	Helette I 45		_	n	ousev	ATIE	7		110010			-		
17. FATHER'S NAME (First, M								18. MOT			Middle, Malden			
Vernon R.				-							Massey			
19a. INFORMANT'S NAME (191							ber, City or Tow	n, State, Zi	p Code)	
Paul T. Wha	itting	ton			Same	as	5 10	a.b,	c,d,	e,f				
20a. METHOD OF DISPOSIT	ION	oval from Ctata	20b.	PLACE other pla	OF DISPOS	BITION	(Name of ce	emetery, cres	matery or		20c. LO	CATION -	City or To	wn, State
4 Donation 5 Other		OVER FROM SURE				e N	1emor	ial I	ark			Cris	fiel	d, MD
21. SIONATURE OF FUNERA	L SERVICE LIC	CENSEE	4.32		1	1	22. NAME A	ND ADDRE	SS OF F	ACILITY				
Robert	12/1	Brack	Rau	U.	h						meral Crisfi			21817
23. PART i. Enter the d	iseasea, or	complications the	at caused	the da	ath. Do r									Approximata
shock, or h IMMEDIATE CAUSE (Fil	eart failure.	List only one car	use on ea	ch iina	١.									interval Batween Onset and Desth
disease or condition	_		(burdi	o Fren	ch	my A	137r						
resulting in death)		DUE TO	OR AS A	CONSE	OUENCE O	F):	-		а,					1
		b	O (OR AS A	Acut	i My	in Car	is ial	on a	clion					
Sequentially ilst condit if any, leading to imme	ions,	DUE TO	(OR AS A	CONSE	OUENCE O	Ð _A			_					
cause. Enter UNDERLY	ING			Coro	many	HT	mos6	Inon	3					
CAUSE (Disease or injute that initiated events	'ry	DUE TO	OR AS A	CONSE	OUENCE O	F):								
resulting In death) LAS	T	d												
		•												
PART ii. Other significa	ent condition	na contributing to	daath bu	it not i	raauiting	in the	underlyi	ng causa	given in	Pert I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
											1 YES 2	1		COMPLETION OF CAUSE OF DEATH?
														1 TYES 2 NO
_										_				_
25. WAS CASE REFERRED 1	O MEDICAL						26. 1	PLACE OF I	DEATH (C	heck only o	ne)			
EXAMINER?		HOSPITAL:	dean.	etlant "	□ 004	OTH	IER:							
27. MANNER OF DEATH		28a, DATE O			28b. TIN			me 5 A	esidence		SCRIBE HOW	NJURY O	CCURED	
. /	Pending	(Month,	Day, Year)			JURY	W	ORK?	NO	1	/ TIME HOW		301160	
2 Accident	Investigation	28a. PLACE	2. 95	As b	- A	ates . *			31 NO	204 1.00	CATION (Street	and M	ar Ar Brief S	Doube Mumber
3 Suicide 8 4 Homicide	Could not be determined	building	, etc. (Speci	ffy)	ome, rarm,	street,	ractory, orr	100			or Town, State		er or Hunsi r	voute Number,
29a. CERTIFIER	TIFYING BUVE	ICIAN: To the best of	d my knowl	edre d	ath accu-	rad at at	ha time al-	to and star	a and do	n to the co	usals) and m-	nner en ci	hate	
anal oray														a) and manner as stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIE	R	7 ~	_				29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
		N(2	Jul .	N								•	3,2	.90
30. NAME AND ADDRESS O		M GILL I		ATH (ITE			cton	Ave.	- C	risfi	elā, N	1D 2	21817	
31. DATE FILED (Month, Day,				TURE						~	, 1		-2021	
MAK	U 7 9		funa x	raud	301-1	andr								

O THE o filed MPOR	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
COCOCATA MANAGERS		

REGISTRAR		CERTIFIC	ATE OF DEATI	-1 R	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	. /			2. DATE OF	DEATH DAY	YEAR 3. TIME OF DEATH
CATHERINE	Webster			3	7	90 10
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF E		8. BIRTHPLACE (State or Foreig
213-14-6700	1 M 2 F 7	Q YRS. MO	NTHS DAYS HOURS	MIN. (Month, Da	16,191	Country)
9e. FACILITY NAME (If not institution, give			a. CITY, TOWN OR LOCATION			INTY OF DEATH
		1				
Manokin Manor	Nursing H	ome L	rincess A	nne	L S	omerset
10e. STATE 10b. COUNT			OWN OR LOCATION	eal Isla	and	10d. INSIDE CITY
Maryland Son	nerset	v Pwin	ERXXXANNE			LIMITS?
10e. STREET AND NUMBER	NOT DO 0	L. W. W. W. W.	101. ZIP CODE			IZEN OF WHAT COUNTRY?
Deal Island	a na		IOI. EIF CODE	07.007	log. Cit	
				21821		U.S.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECENDENT OF If yes, specify Cuben,			14. RACE — American Indien, Black, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR		1 TES 2 NO		.,,	specify: White
	1		<u> </u>			
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S US (Give kind of work	UAL OCCUPATION done during most of working attract.)	16b. KIN	ND OF BUSINESS/INI	DUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	iffe. Do NOT use re	etired.)			
10		Seamst	ress	1		
17. FATHER'S NAME (First, Middle, Last)				R'S NAME (First, Midd	lle, Malden Surname)	
Columbus Ac	lams			Ella Pus	sev	
19e. INFORMANT'S NAME (Type/Print)	÷	19b. MAILING AC	DRESS (Street and Number o			ip Code)
Catherine Webs	stan		ceased			12.19.101
200. METHOD OF DISPOSITION			ON (Name of cemetery, crema:		non LOCATION	- City or Town, State
1 Duriel 2 Cremation 3 Res	noval from State	other place)		-		
4 Donation 5 Other (Specify)		Reechwo	od Cemete	rv	Princes	ss Anne . Wid .
21. SIGNATURE OF FUNERAL SERVICE L	ICENBEE)	22. NAME AND ADDRESS	Funeral	Home	
* Rmest X	To enma	en)	Princes			353
iMMEDIATE CAUSE (Final disease or condition resulting in daath)		Extremely & A CONSEQUENCE OF):	crest CVA			Onset and D
Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (OR AS	A CONSEQUENCE OF): My o (mul.) A CONSEQUENCE OF):	il inforting			
PART ii. Other significant condition	na contributing to death	but not requiting in	tha undariving cause gi	van in Part i. 24	In. WAS AN AUTOPSY	24b, WERE AUTOPSY FINO
					PERFORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 1-100
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DE	ATH (Check only one)		
EXAMINER?	HOSPITAL:		THER:		Lander S	
27. MANNER OF DEATH	26e. OATE OF INJUR		Nursing Home 5 Res		pecify) IBE HOW INJURY OF	CCHOED
1 Natural 5 Pending	(Month, Day, Year		Y WORK?		IDE HOW INJURY OF	CONED
2 Accident Investigation			M 1 YES 2	NO		
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, atre pec/fy)	et, factory, office		ON (Street and Number fown, State)	er or Rurel Route Number,
one)	SICIAN: To the best of my kn					sted. The ceuse(e) end manner as state
29b. SIGNATURE AND TITLE OF CERTIFI	ER		29c. LICE	ISE NUMBER	29d, DA	TE SIGNED (Month, Day, Year)
Principle of the second	well my		2002		•	
30. NAME AND ADDRESS OF PERSON W		OF ATU /ITEM OF /5- 5	det)	D18724		3-8-10
ST Colwin				Crman	anne . It	7)
31. DATE FILED (MARTIN Park Yogy 90	32. REGISTHAN'S SI	My Jandelle	2			

	DIRECTOR
	FUNERAL
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notified at	TO BE COMPLETE
8	
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medical	
2	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			ENTAL HYGIENE REG. NO.		
	1. decedent's name (First, Midri- MARGARET L	ILY YANTZ			2	OATE OF DEATH	/90	3. TIME OF DEATH A
	ATTENDED OF THE LINE	□ M 2 X F 80	YRS. MOI	UNDER 1 YEAR		Month, Day, Warl 9/10/09	MÃ	RTHPLACE (State or Foreign Unity) ARYLAND
TOR	FALLSTON GENER RESIDENCE OF DECEDENT			FALL	R LOCATION OF DEAT	Н	HARI	
DIRECTOR	10a. STATE 10b. COUNTY	FORD		L AIR	фN			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBEP 740 ROLAND AV	ENUE		27.50	21014			F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	R. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		city Cuban, Maxican,	ORIGIN? (Specify Yea Puarto Rican, atc.)	E	ACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 12	ION npleted) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re FOOD SE	done during mos tired.)	N at of working	16b. KIND OF BUS	INESS/INDUSTR	Y
	17. FATHER'S NAME (First, Middle, Last) JOHN YANTZ		1002 02	IN LOD		(First, Middle, Maiden S	Surname)	
TO BE	198. INFORMANT'S NAME (Type/Print) JOHN YANTZ				nd Number or Rural Rou	Ite Number, City or Town	, State, Zip Code	
	20a. METHOD OF OISPOSITION 1	I from Stata	PLACE OF DISPOSITION OF ROSTBUR	G MEM	ORIAL PA	ARK FRO	STBURO	G, MARYLAND
	Marilou M). Dower	1	SOWE		RAL HOME	ROSTBU	MAIN ST.
	23. PART I. Enter the diseases, or com- shock, or heer failure. Lief IMMEDIATE CAUSE (Final disease or condition reculting in death)	t only one ceuse on e	I the deeth. Do not sech line. CONSEQUENCE OF):			as cerdiac or respir	ratory errest,	Approximate Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ASC	CONSEQUENCE OF): CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	contributing to deeth be	ut not resulting in t	he underlying	g ceuse given in Pa	ert I. 24a. WAS AN. PERFOR 1 TYES	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		IOSPITAL:		THER:	ACE OF DEATH (Check			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	URY AT 2 RK? /ES 2 NO	28d. OEŞCRIBE HOW II	JURY OCCURE	D
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree	et, factory, office	2	28f. LOCATION (Street a City or Town, Stale)	nd Number or Ru	iral Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: (rse(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	N NO	>		29c. LICENSE NUMB	V	29d. OATE SIG	NEO (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	200 A COMPLETED CAUSE OF DE	31 Belan	0	1			
M	AR 2 9 1000 65 16	B. Lat.	A-10-5					



1000 B 7 11-11

BALTIMORE MARYLAND 21203-3146	the hospital or attending physical	detached for use as the buria	t be not real at once.
BALTIMOB	after death. Page	by the funeral direction	cal examiner mus
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimensional properties of the detached for use as the burial properties of the hours after death with the State perion of health and Menial Honlehe infor the burial cremation. Or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not sent at once.
	TO THE HOSPITAL	TO THE FUNERAL	IMPORTANT: If

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTI		OF HEALTH		NTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Tacie Agnes	Z	iegler				DATE OF DEATH DA	Y Y	3. TIME OF DEA 10:00	тн Д м
		7	. AGE (In yrs. lest birthday			24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or F	oreign
	370 07 7371	□ M 2 XF	7.7 YAS.		DAYS HOURS		9-23-12		irginia	
œ	9e. FACILITY NAME (If not institution, give street				OWN OR LOCATI	ON OF DEATH	1	9c. COUNTY		
Ĕ	Box 170M SH 232	<u> </u>		<u> </u>	Plata			Cha	rles	
DIRECTOR	10a. STATE 10b. COUNTY			ITY, TOWN OR	LOCATION				10d. INSIDE CIT LIMITS?	r
	Maryland Charl	Les	La.	Plata	101, ZIP COD	-		40- 0171751	1 U YES 2 NOF WHAT COUNTRY?	NO
BA	Box 170M S.H. 23	32			2064			USA	N OF WHAT COUNTRY?	
FUNERAL		2. WAS DECEDENT E	EVER IN U.S. ARMED		AS DECENDENT (OF HISPANIC	ORIGIN? (Specify Yea		. RACE — American Ind Bleck, White, stc.	lan,
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR			YES 2 X NO		uerto Rican, etc.)	- 1	Specify: White	
	15. DECEDENT'S EDUCATI		16a. DECEDENT	'S USUAL OCC	UPATION		18b. KIND OF BUS	I SINESS/INDUS		
COMPLETED		College (1-4 or 5+)			ring most of world	ng				
MP	12 17. FATHER'S NAME (First, Middle, Last)		Beaut:	lcian	NUV.		Beauty (First, Middle, Maiden			
8	Walter A. Jones	3					lice O'E		n	
SE SE	19e. INFORMANT'S NAME (Type/Print)	<u>, </u>	19b. MAILI	IG ADDRESS			te Number, City or Town			
7	Peggy A. Marshal	.1					Plata,	Mar	yland 20)646
The state of	20g METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Remova	i from State	20b. PLACE OF DISP Other place) Marshal	Com.	of cometery, crer	matory or			y or Town, State	
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	mar Shar.	22. N	AME AND ADDRE	SS OF FACIL	ITY	. Sna i	1, va.	
	· Randy	shirt	ter		ser Fu rrento		l Home irginia			
	23. PART I. Entar the disease, or com shock, or heart fellure. Lis	npilcetions that c	ceused the death. Do					ratory arres	t, Approxim	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	_	D D D -)	ULI	10NAR	y F	ALLUK	RE	Onset en	
_		DUE TO (O	A AS A CONSEQUENCE	(F): A-At	FR	/				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQUENCE	OF):						
ICA	CAUSE (Disease or injury	DUE TO (O	R AS A CONSEQUENCE	OE).						
FE	that initiated events resulting in deeth) LAST	302 10 (01	THE A CONSCIONE	01).						
	PART II. Other significent conditions of	contributing to de	neth but not requitin	n in the und	ertuing govern	aluan in Da	rt i. 24s. WAS AN	ALITOREY	24b. WERE AUTOPSY	FINDINGS
PHYSICIAN: MEDICAL	TAIT II. Other significant conductions of	onthouting to de	BOULD DUT HOU LEGUIUM	y in the unc	errynig ceuse	giveii ili ra	PERFOR	RMED?	AVAILABLE PRIOR COMPLETION DF	OT F
ÆD							1 TYES 2	DOWN	DF DEATH?	NO
ä						113	. :			
ICIA		OSPITAL:		OTHER	26. PLACE OF C		• •			
HYS	1 YES 2 NO 1	28e. DATE OF IN	FR/Outpetient 3 DOA	_	ng Home 5 X R	T .	Other (Specify) 8d. DESCRIBE HOW I	NJURY OCCU	RED	_
ВУ Р	1 Netural 5 Pending 2 Accident investigation	(Month, Day,	Year)	NJURY M	WORK?					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, at	INJURY — At home, fam c. (Specify)	, street, facto	y, office		81. LOCATION (Street of City or Town, State)	end Number or	Rural Route Number,	
LET	290. CERTIFIER 1 X CERTIFYING PHYSICIA	N: To the best of m	y knowledge, death occ	ured at the tin	-		the cause(s) and mar	oner se stated		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:									stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	rand s	la_			ENSE NUMBE			SIGNED (Month, Day, Year	
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE	OF DEATH (ITEM 27) (7)	pe, Print)	\mathcal{D}	2-60	067		3,17,9,	5
	V. ANMANG.	ANDLA	}		THYS	ICIA	tn Mi	EMOR	RIAL HO	isp.
	MAR 2 1 90	Julia Da	s signature	L						

3. TIME OF DEATH

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

1 -

TO' MALLINGTE, MALLICANO	ed within 24 hours after death. Page 6 may be retained by the host	completely filled in by the funeral director, page 5 should be detache al, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VIIAL PECCUSO, T.C. DOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	MARTHA		Z	ELL						MARCH	ر 22 ي	1990	YEAR	9.32	рм
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. I	ast birthday)			IF UNDER		7. DATE O				ACE (State or F	Foreign
	265-05-4174		1 🗆 M 2🏋 F	98	YRS.	MONTHS	DAYS	HOURS	MIN.	MARCH		1891		YANY	
	98. FACILITY NAME (If not in ST. MARY'S I	stitution, give s	treet and number)			1		R LOCATI		EATH		9c. COUNT	TY OF DEAT	тн	
OH			O CHAILIN			LE	ONAR	DTOW	N			ST.	MARY	S	
2	RESIDENCE OF DEC	10b. COUNT	Y		10c C/7	ry, TOWN	OR LOCAT	ION					10	d. INSIDE CIT	v
DIRECTOR	MARYLAND	ST. M	ARY'S			EONA	_							LIMITS?	
	10e. STREET AND NUMBER							. ZIP COD	E	· · · · ·		10a, CITIZ		T COUNTRY?	NO
ER/	RT. 1 BOX 9	97						2065	0			U.S			
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.				NIC ORIGIN?			14. RACE —	- American Ind	llan,
	1 Never Merried 2		FORCES? 1	YES 2 WAR OR DATES	Χio			ecify Cube 2 X NO		in, Puerto Ri y:	can, etc.)			Vhite, etc.	
Э ВУ	3 🔀 Widowed 4 🗌 Olvo	rced											WHÎTE	5	
COMPLETED		EDENT'S EOU y highest grade			Give kind of	work done	CCUPATIO	ON st of workli	ng	16b. I	CIND OF BUS	SINESS/INDU	STRY		
F	12TH GRADE	1-12)	College (1-4 or 5	+)	HOMEN						HOME	1			
ME	17. FATHER'S NAME (First, M				TICHEN.	MICEI		40 4407	LIEDIO ALA	ME (First, Mi					
	RUDOLF MUI									MOTTE		Surname)			
86	19a, INFORMANT'S NAME (7				19b. MAILING	G ADDRES	S (Street a	The state of the s		Route Numbe		n. State. Zio (Code)		
2	HILDEGARD LO									TOWN,			2065	i0	
	20a METHOD OF DISPOSIT	ION _		20b. PLAC	E OF OISPO					10mr,	The second second	CATION - C			
	1		oval from State	TRIN	ITY M	EMOR:	IAL	GARD	ENS		WAT.	DORF,	MARY	T.AND	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE							CILITY	D DIN	EDAL	TIONE	P.A.	
	- Aquiel	for	Homon			P	U .	BOX .	1-GA 270	TEOM	NOT N	ERAL.	HOME,	ND 20	550
	23. PART I. Entar the di	Isaases, or			death. Do									Approxim	
	shock, or h	esrt fallure.	Liat only one cau	use on each li	ne.						ac at rough	and y and	ut,	interval 8	Between
	IMMEDIATE CAUSE (Fir disease or condition	nai:		0-	600		0-	10	3 00	cid	2	+		I A	C C
	reaulting in death)		OUE TO	(OR AS A CONS	SEOUENCE C	OF):	ran							13177	
z			h.												
CERTIFICATION	Sequentially list conditi if any, leading to imme-	dleta	DUE TO	(OR AS A CONS	EQUENCE C	OF):									
SA	CAUSE (Disease or inju		c											-	
E	that initiated events resulting in death) LAS	т	OUE TO	(OR AS A CONS	SEOUENCE C)F):									
SE			d											+	
	PART ii. Other algnifica	nt condition	ns contributing to	death but no	t reaulting	in tha u	ndariyin	g cause	given in	Part I.	24a. WAS AN			ERE AUTOPSY	
MEDICAL											1 TES 2	11	C	OMPLETION DE	
ME									_				1	1.	NO
ä														/ \	1
CIA	25. WAS CASE REFERRED TO EXAMINER? / /	O MEDICAL	HOSPITAL:					LACE OF D	DEATH (Ch	neck only one)				
PHYSICIA	1 TYES 2 NO		1 Inpetient 2	☐ ER/Outpatient	3 🗆 DOA	4 Nu		10 5 🗆 R	esidence	8 🗆 Other	(Specify)				
PH	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, L		28b, TII	JURY	WC	URY AT		28d. OE\$0	RIBE HOW I	NJURY OCC	URED		
ВУ		Investigation				M		YES 2	NO						
60	3 Suicide 8 4 Homicide	Could not be determined	28a. PLACE (building,	of INJURY — At etc. (Specify)	home, farm,	street, fac	tory, offic	:0			TION (Street Town, State)	and Number o	yr Rural Rou	te Number,	
E	200 CERTIFIER														
COMPLET	(Check only		ICIAN: To the best of												
00	2 MED		ER: On the basis of e	xamination and/	or Investigati	lon, In my	opinion, c	leath occu	ired at the	time, date o	ind place, ar	nd due to the	cause(a) a	nd manner as	stated.
BE	296, SIGNATURE AND TITLE	OF CERTIFIE	R)					29c. LIC	ENSE NU		_	29d. DATE	- 1	fonth, Day, Year	")
10	4	120	1 42.	m V)				0	14	285			5/2	3/90	
	WILLIAM D						77.	000							
	31. OATE FILED (Month, Day,			AR'S SIGNATURE		IAKYL	AND	206	50						
	MAR 26														
_	PHICO	70	guhie De	นา๋สรอง-/	d House							-		ОНМИ	16 Rev 1/89
			U											O'IMIT!	. 3 1 10 1 10 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

the medical examiner must be notified at once.

All M	plete	ent,
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noe	bund	or other traumatic ev
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Cert	ding	10
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PHY	this	rke
NG	fter	E
2	A P	.60
1	E #	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete he filed within 27 hours after death with the State Dent; of Health and Mental Hydiene prior to burial, crem	IMPORTANT: If Item 28 Is marked, or item 23 shows any injury, or other traumatic event,
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SPIT	VER.	=
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2	2	Ξ

.*	FOR 1 - STATE REGISTRAR	STATE OF 1	MARYLAND /		RTMENT				MENT	AL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH			3. TIME OF DEAT	Н
	AUGUST	HAROLD	ZYBAS						MAI		. 190	YEAR	1359	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		E OF BIRTH	199		PLACE (State or Fo	mion
	090-10-3729	1 🔀 M 2 🗆 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mo	inth, Day, Year)	1010	Country)	
	9a. FACILITY NAME (If not institution, give s		71							R. 13,			W JERSE	Y
m	ST. MARY'S HOS						R LOCATI		EATH		9c. COU	ITY OF DE	EATH	
0	RESIDENCE OF DECEDENT	PITAL			L	EON	ARDT	OWN			SI	. MA	RY'S	
S	10a, STATE 10b, COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
DIRECTOR		. MARY'S			CALI								LIMITS?	
M	10e. STREET AND NUMBER					101	. ZIP COD	E			10g, CITI	ZEN OF W	HAT COUNTRY?	
FUNERAL	2008 WILDEWOOD	, SUITE	236					2061	9		υ	ISA		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR							GIN? (Specify Yes	or No-	14. RACE	- American India, White, atc.	ın,
ВУ Е	1 Never Married 2 XXMarried 3 Number 4 Divorced	IF YES, GIVE V		40			2X NO			o Rican, etc.)		Specif		
0	15. DECEDENT'S EDU		16a, DE	CEDENT'S	USUAL OC	CUPATIO	ON		1	6b. KIND OF BUS	SINESS/IND			_
H	(Specify only highest grade Elementary/Secondary (0-12)		(G	ive kind of Do NOT u	work done di se retired.)	luring mo	st of worki	ng						
7	Elementary/Secondary (0-12)	College (1-4 or 5		RANSE	PORTA	TTON	ΙΜΔΝ	IAGER		CONTINE	ΤΔΤΜ	CAN	CORP	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	_		MILIOI.	ORIZI	1101						OZIII	OOKI.	
										t, Middle, Malden				
BE	AUGUST ZYBAS									NSCHNE				
2	19s. INFORMANT'S NAME (Type/Print)									imber, City or Tow				
	MRS. MARGARET E.								E #2				MD. 20	519
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Ram	oval from Stata	20b. PLACE other pl	OF DISPO	SITION (Na	me of cen	netery, crer	matory or		20c. LO	CATION —	City or To	wn, Stata	
	4 Donation 5 Other (Specify)		/ HUI	TTV	CREMA	TORY	7			WA	ALDOR	F. M	ARYLAND	
	21 SHENETLING OF FUNERAL BETTY OF LIC	progree /	1				O ADDRE							
	/ May / 1. F	Dan h								AL HOMI		D.:		
	23. PART I. Enter the diseases, pr	www.		all Oa	F P	***	DUX	219	, LE	ONARDIC	JWN,	MARY	LAND 200	
	shock, or heart feliure.	List only one cer	use on each line	iath. Do i.	not enter	tna mo	de or dy	ing, auc	n ss ce	eralec or reap	iratory arr	est,	Approxim	
	IMMEDIATE CAUSE (Final	~	-	-	2		-		٠,	2 /			Onset and	
	disease or condition resulting in death)	Ru	neur	eck	a	しま	Len	ren	ul	Cens	sur	nn	1414	11:5
		DUE 70	DH AS A CONSE	QUENCE O	PI:	-				Cens		1	•	
Z		ai	Lews	000	use	10	de	sa	pr	P				
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO	(OR AS A CONSE	DUENCE O	IF):			0.00						
CA	CAUSE (Diseass or Injury	с												
E	that initieted events	OUE TO	(OR AS A CONSE	QUENCE C	IF):									
E	reaulting in death) LAST	d												
	DART II Other elepitions condition		death but a st							1		-		F 4 200 0
ÄL	PART II. Other significant condition	e contributing to	death but not i	esuiting	in the un	dariyin	g cause	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY F	TO
ă	·									1 TYES 2	□ NO		OF DEATH?	CAUSE
ME													1 YES 2	МО
ä														
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	DEATH (Ch	neck only	one)	*-			
SIC	EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA	OTHER		e 6 □ R	esidence	6 🗆 01	ther (Specify)				
PHYSICIAN: MEDICA	27. MANNER OF DEATH	26a. DATE OF	INJURY	26b. Til	AE OF	28c. INJ	URY AT		T .	ESCRIBE HOW I	NJURY OC	CURED		
	1 Netural 5 Pending	(Month, I	Day, Year)	IN	JURY	WO	PRK?	NO						
BY	Accident Investigation 3 Suicide 6 Could not be	28e, PLACE (OF INJURY — At he	me, farm.	street, facts				281 1	OCATION (Street	and Number	or Aural S	hute Number	_
6	4 Homicide 6 Could not be	building	atc. (Specify)			,	-		C	ity or Town, State)	l remon	OF THEFT BY		
Hi.	29a. CERTIFIER													
COMPLET	(Check only													
O	One) 2 MEDICAL EXAMINE	R: On the beals of	xamination and/or	investigati	on, in my o	pinion, d	eath occu	red at the	time, d	eta and placa, ar	nd due to th	ie cause(a) and menner as s	tated.
EC	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NU	MBER		29d. OAT	E SIGNEO	(Month, Day, Year)	
8	111m 2 A	110	^				Α .			-	N -	×1	10.	

29b. SIGNATURE AND TITLE OF CERTIFIER

COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

WILLIAM D. BOYD, JEFFERSON STREET, LEONARDTOWN, MD. 20650 17

31. DATE FILEO (Month, Day, Year)
MAR 1 9 '90

32. REGISTRAR'S SIGNATURE
Suha Davidson-Randelle

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the ne filled within 70 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	HEADERET. IS Item 96 is merical or lies 22 shows any injury or other framents aware the medical avainar much he notified at nace
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John S. Rogers,
31. DATE FILED (Month, Day, Year)
APR 1 6 1990 A

	FOR	STATE OF MARYLAND) / DEPAR	RTMENT OF I	IEALTH AND I	MENTAL HYGIENI	E			
	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR	3. TIME OF DEA	TH
	LEONARD 1	R. ANS	ELL			04 08	1	990	3:00	А. м
	4. SOCIAL SECURITY NUMBER 5.		. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		//	PLACE (State or I	
	215 10 6953	X M 2 D F 70	YRS.	MONTHS DAYS	HOURS MIN.	7-5-1919		Mary)	yland	
-	9a. FACILITY NAME (If not institution, give street		116		OR LOCATION OF DI			NTY OF DE		
Ö	1131 University Box	levard West,	#617	Silv	er Spring	5	M	ontgo	omery	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100 00	Y. TOWN OR LOCA	TION				10d. INSIDE CIT	~
=		ntgomery	100. 011			_			LIMITS?	
					er Spring	5			1 X YES 2	NO
Ĭ.	10e. STREET AND NUMBER				f. ZIP CODE				HAT COUNTRY?	
1	1131 University Bo	ulevard, West	., #67	l	20902		U	nite	d State	S
FUNERAL	The state of the s	. WAS DECEDENT EVER IN U.S.				NIC ORIGIN? (Specify Yea	or No-		- American Inc.	llan,
	1 Never Married 2 Married	FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WW I	_ NO		3 2 XNO Specif	in, Puarto Rican, etc.) y:		Specify		
BY	3 Widowed 4 Divorced	WW 1	LI						White	
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON 16a	DECEOENT'S	USUAL OCCUPATI	ON on a working	16b. KIND OF BUS	INESS/INE	USTRY		
I III		college (1-4 or 5+)	Ille. Do NOT u	se retired.)	ost or working					
COMPLETED	12 years		Depar	tment of	Highway	s Federal	l Gov	ernm	ent	
O	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumame)			
	Joseph Philip Anse	11			Eva Le	na Margolis	3			
B	19a. INFORMANT'S NAME (Type/Print)	<u> </u>	105 MAII IN	ADDRESS (Street		Route Number, City or Town		Codel	2090	12
2						vard, West			-0,	_
	Shirley W. Ansell									, ma.
	20e. METHOD OF DISPOSITION 1 1 Burlet 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State Othe	er place)		regation	Cemetery		City or Tow		yland
	21. SIGNATURE OF FUNERAL SERVICE LICENS Doursed M	Stein		DONAL		N HEBREW MI TREET, N.W				
	23. PART I. Enter the diseases, or comehock, or heert fellure. Lia IMMEDIATE CAUSE (Final			not enter the m	ode of dying, suc	ch aa cardiac or reepi	ratory an	rest,	Approxis Interval Onset as	Between
	disease or condition a	Renal failu	ire						3 yr	s.
	leading in death)	DUE TO (OR AS A COI	NSEQUENCE (OF):						
Z		diabetes me	ellitus	5.					37 3	rs.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO								
1	cause. Enter UNDERLYING									
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A COL	NSEQUENCE (OF):						
	resulting in deeth) LAST									
4	PART II. Other algnificent conditions of	ontributing to death but n	not resulting	in the underlying	ng cause given in	Part I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY AVAILABLE PRICE	
MEDICAL	Congestive heart	disease				1 □ YES 2			COMPLETION OF DEATH?	
									1 YES 2-	I NO
2									1 120 20	, 110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		<u> </u>	20.1	PLACE OF DEATH (C)	handa and a mad				
5 5	EXAMINER?	IOSPITAL:		OTHER:	**					
XS		☐ Inpetient 2 ☐ ER/Outpetier				8 Other (Specify)				
H	27. MANNER OF GEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. Ti	ME OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OC	CURED		
<u>8</u>	1 X Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm,	street, fectory, off	Ice	281. LOCATION (Street City or Town, State)	and Numbe	r or Rumi R	Route Number,	
2 =	4 Homicide determined									
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledg	e, death occur	red at the time, da	te and place, and rhi	a to the cause(a) and me	nner aa sta	rted.		
Z Z	and only	On the besis of axamination an) and menner as	stated.
8		T	-					1000000		
BE	296. SIGNATURE AND TITLE OF CENTIFIER	Deputy Medic	ST TO	miner	29L LICENSE NU	-17	1 3 1 A		(Movith, Day, Yea	0
0	Lotors 1	hace	13	7	D099	10	- 4	10/	90	

Seminary Road, Silver Spring, MD

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PHYSICIAN: The law requires that the death certificate be executed within 24 fivures and beath, rege of may be retained by the hospital of attending physician.	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho	lept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury or other traumatic event, the medical examiner must be notified at once.
10 THE HOSPITAL OR ALLENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cren	IMPORTANT: If Hem 28 is marked or Hem 23 shows any Injury, or other fraumatic event

1	NAME (First,	Middle, Last)	Berry	1 0	Tear			len	DEATH	2. DATE	SEPTEMBERTH OF SEPTEMBER	Ö.	YEAR	5:05 PM
4. SOCIAL SECU			5. SEX			est birthday)	IF UNDER		IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mort	OF BIRTON	23/52	BIRTHP Country)	LACE (State or Foreign
		869	1 M 2 F	37	9	YRS.	75.			与	112/10	70		TH CAROLINA
	AI HO	SPITAL					96. CITY		LOCATION OF IMORE	DEATH		9c. COU	NTY OF DE	ATH
RESIDENCE 10s. STATE	OF DEC	10b. COUNTY	,			10c, CIT	Y. TOWN	OR LOCATIO	ON .					IOd. INSIDE CITY
MARYLAN	D								IMORE					LIMITS?
10e. STREET AN	D NUMBER	/.						10f. 2	ZIP CODE			10g. CIT		AT COUNTRY?
7602	DOCED	S AVEN	IIIC						21215			11	S. OI	Α 5
11, MARITAL STA		S AVE	12. WAS DECEDE	NT EVER	IN U.S. A	RMED		WAS DECE	NDENT OF HISP				14. RACE -	- American Indian.
1 Never Merri 3 Widowed			FORCES? IF YES, GIVE			NO			NO Spec		Rican, etc.)		Specify	BLACK
	15. DEC	EDENT'S EDU	CATION		16a. D	ECEDENT'S	USUAL O	CCUPATION		161	. KIND OF BU	SINESS/INC	OUSTRY	
Elementary/S		y highest grade 1-12)	College (1-4 or 5	+)	III.	Give kind of le. Do NOT u	work done se retired.)	during most	of working					
0-1	1					C001	K				REST	AURAN	IT	
17. FATHER'S NA	ME (First, M	iddle, Last)							18. MOTHER'S I			Sumame)		
CEPH	US I	AVIS							OLIV	EA .	JONES			
19s. INFORMANT									d Number or Run					
MR. BOB	BY DA	VIS			4	409	PEN I	LUCY	ROAD I	SALTH	MORE, M	ARYLA	IND 2.	1229
20a. METHOD OI 1 Densilon 21. SIGNATURE (Crematic 5 Dther	(Specify)	ENSEE	_ W	ESTE	ofece)	TAR (CEMET	T. GWY	19/9	O CAT	ONSVI HOME	212	MD. BALTO. 15-6393
1 Donellon 21. SIGNATURE 0 23. PART i. Er	Crematic Crematic Control C	(Specify) L SERVICE LIC Seases, or caert failure. Incel Ions, diate ING	ENSEE	at cause	ESTE	RN S	TAR (CEMET NAME AND EWIS 517 P. or the mode	ERY 4,0 ADDRESS OF T. GWYN ARK HE Is a of dying, se	19/90 FACILITY IN FUI GHTS	NERAL AVE.	ONSVI HOME BALT	212: TIMORI	MD. BALTO.
1 Densilon 21. Signature C 23. PART I. Es sh IMMEDIATE C disease or coresulting in d Sequentially if any, leading cause. Enter I CAUSE (Disease that initiated resulting in d	OFFINERA The distribution of the distribution	Iseases, or caert failure.	complications th	at cause on take of or as	ed the daach lin	desth. Do le. Ader EQUENCE C	TAR (22. LI 4! not enter 10 - ()F): FLM DF):	CEMET. NAME AND ENTER STATE FOR THE MODE CAPCILL CAP	ERY 4/ ADDRESS OF T. GWYN ARK HE I a of dying, st Disea	19/9/9/PACILITY IN FUI IN FUI GHTS ICH BB CBIT ICH BB CB CBIT ICH BB CB	O CAT NERAL AVE. diec or reap KNOWN	ONSVI HOME BALT Iretory ar A Par	ILLE, I 212 FIMORI FOST	MD. BALTO. 15-6393 E, MARYLAND Approximate Interval Between
23. PART i. Er ah IMMEDIATE C disease or co resulting in d Sequentially if any, leading cause. Enter CAUSE (Disease that initiated resulting in d	or algnifica	iseases, or canditions, diete ing	complications the List only what can be as a Metal a Due to be a Due to be a Due to be a contributing to be a cont	at cause on take of or as	ed the daach lin	desth. Do le. Ader EQUENCE C	TAR (22. LI 4! not enter 10 - ()F): FLM DF):	CEMET. NAME AND EWIS 517 P. The model of the model of	ERY 4/ ADDRESS OF T. GWYN ARK HE I a of dying, st Disea	19/9/ FACILITY IN FUI GHTS ICH as car Un I	O CAT NERAL AVE. cliec or reap CO-RES	ONSVI HOME BALT Iretory ar A Par	ILLE, I 212 FIMORI FOST	MD. BALTO. 15-6393 E, MARYLAND Approximate interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. En alt IMMEDIATE C disease or coresulting in d Sequentially if any, leading cause. Entar CAUSE (Disease International Course Course Course Course Course Course Course Course Course Course Course Course Course (Disease International Course Cou	The condition of the co	iseases, or canditions, diete ing	complications the List only one can be as Due to be a Due to be a Due to be a Contributing to be a contributing to	at cause on AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	ed the daach line A const A const but not	leath. Do leath.	TAR (22. LI 4. not enter 10 - (PF): FEM DF): In the u	CEMET. NAME AND ENVISOR OF THE MODEL PARTY O	ERY 4/ PADDRESS OF T. GWYN ARK HE I a of dying, st Disca Cause given	19/99 FACILITY FUI FOR SECRETARY CONTROL Check only control Co	CAT NERAL AVE. diac or reap (O-RA) 24a. WAS AI PERFO 1 YES	ONSVI HOME BALT Iretory ar A A A A A A A A A A A A A A A A A A A	212. FIMORITORIAL PROPERTY CONTRACTORIAL PROP	MD. BALTO. 15-6393 E, MARYLAND Approximate interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. E. sh IMMEDIATE C disease or co resulting in d Sequentially if any, leading cause. Entar CAUSE (Disease International Course Course Course). PART II. Other PART II. Other EXAMINER?	or algnification of the control of t	iseases, or canditions, diete ing	complications the List only who can be as a Due to be a Due to be a Due to be a Due to be a contributing to be a c	at cause on AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	ed the deach line A const	identh. Do identh. Do	TAR (22. LI 4. not enter 10 - (PF): FEM DF): In the u	CEMET. NAME AND EWIS 517 P. The mod Carcil Pal. Date Inderlying 26. PLA	ERY 4/ ADDRESS OF T. GWYN ARK HE I a of dying, se Disca Cause given Cause given Residence RY The RY The RY Th	19/99 FACILITY FUI FOR SECRETARY CONTROL Check only control Co	CAT NERAL AVE. diac or reap Knowl	ONSVI HOME BALT Iretory ar A A A A A A A A A A A A A A A A A A A	212. FIMORITORIAL PROPERTY CONTRACTORIAL PROP	MD. BALTO. 15-6393 E, MARYLAND Approximate interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Eight Immediate Sequentially if any, leading cause. Enter Included Treatment of the	Crematic Content of the content of	iseases, or capitaliure.	complications the List only one can be as Due to be a Due to be a Due to be a Contributing to	at cause on AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	ed the dasch line A const A const but not	leath. Do leath.	TAR (22. LI 4. not enter 10 - (0F): FORM OF): In the u OTHE 4 Nu	CEMET. NAME AND EWIS 517 P. The mod. Carcin Carci	ERY 4/ ADDRESS OF T. GWYN ARK HE I a of dying, se Disca Cause given Cause given Residence RY The RY The RY Th	19/96 FACILITY FUI GHTS Cheas care Un I GHTS Check only c 6 6 Oth 28d. De	CAT NERAL AVE. diac or reap (O-RA) 24a. WAS AI PERFO 1 YES	ONSVI HOME BALT Iretory ar AAT AATOPSY RMED? INJURY OC and Number	212 FIMORI rest, 24b.	MD. BALTO. 15-6393 E, MARYLAND Approximate interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD. SIMI HOSP OF BAIL MORE &

1990

32. REGISTRAN'S SIGNATURE

34. W. DAN'S DAN'S SIGNATURE

34. W. DAN'S DAN'

OHMH-16 Rev 1/89

funeral director, page 5 should be detached for use as the burial-transit

filled in by the

completely

certificate has been signed by the attending physician and cor i the State Dept. of Health and Mental Hygiene prior to burial,

with the

this

. DIRECTOR: After the hours after death v

31. DATE FILED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, I	COLTAIN DO ATTENDIATE DUVOICIANT The law continue that the death continue he exercised within
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 4/13/90 MONTH DAT TO DATE 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH RAYMOND M. BURGISON 3 aymor Durgison 00 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER-TYEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8 / 1 7 / 1 7. BIRTHPLACE (State or Foreign (Month, Day, /rear) 6. AGE (In vrs. last birthday) DAYS 1 M 2 - F VRS 219-03-4076 1917 17/ MARYLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT! 10c. CITY, TOWN OR LOCATION 10a STATE 10b. COUNTY 10d. INSIDE CITY BALTIMORE MARYLAND 1 YES 2 NO CATONSVILLE 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f ZIR CODE 305 GLENMORE AVENUE 21228 U.S.A 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 X Never Married 2 Married FORCES? 1 YES 2 1 YES 2 NO Specify: Specify: ВҰ 3 Widowed 4 Divorced WHITE COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 165 KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) PHYSICIAN HEALTH CARE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) GEORGE RAYMOND BURGISON notified at MARY AGATHA KELLY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 STEPHEN T. MITCHELL 218 CHANCERY ROAD, BALTIMORE, MARYLAND 21228 be 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State must DULANEY VALLEY MEMORIAL PARK TIMONIUM, MARYLAND 4 ☐ Conation 5 ☐ Other (Specify) medicai examiner 21. SIGNATURE OF FUNDAME BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, Approximate ehock, or heart fellure. Liet only one ceuee on eech line. Interval Between Onaet and Deeth IMMEDIATE CAUSE (Final the disease or condition Spiration event, 1 resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) leus obstruction traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate ceuse. Enter UNDERLYING venous CAUSE (Diseese or Injury 23 shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST cartinom PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) or item EXAMINER? HOSPITAL: OTHER: patient 2 - ER/Outpatient 3 - DOA ng Home 5 - Rasidenca 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT 28b. TIME OF 28 is marked, Month, Day, Year WORK? 1 Natural 1 YES 2 NO B₹ 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide TO THE FUNERAL DIRECTE
be filed within 72 hours at
IMPORTANT: If Item 2 1 FCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Surgest Illes (1 frem on M.D. A52.438528-726 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 900 15 32. RESISTRAR'S SIGNATURE RANDON

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if or attending physician. For use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	THE FUNERAL DIRECTOR: Atter this certificate has been signed by the attending physician and completely filled in by the tuvieral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
PITAL	FRAL	27 1	11 11
HOS	FUNE	with	TAN
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Edward Seth

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	FOR STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAR					MENTAL	HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		YEAR	3. TIME OF DEATH	
	ROSALIE ANTIONET	TE BELI	L						MONTH 4	-12-90		YEAR	8:26 p	о м
į		SEX	8. AGE (In yrs. la	ast birthday)	IF UNDER		IF UNOER		7. DATE (Dev - Yearl		8. BIRTH	IPLACE (State or Foreig	
	214-20-0075	□ M 2XXF	83	YRS.	MONTHS	DAYS	HOURS	MIN.	JUL	Y 6,19	06	MA	RYLAND	
	9a, FACILITY NAME (If not institution, give street								9c. COU	NTY OF D	EATH			
O.	FRANKLIN SQUARE H	OSPITAI	<u>. </u>			BALT	IMOR	E			В	alti	more	
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	Y. TOWN	OR LOCAT	ION						10d. INSIDE CITY	
DIRECTOR	MARYLAND BA	LTIMOR	E		BA	LTIM	ORE						LIMITS?	,
	10e. STREET AND NUMBER		10f. ZIP CODE							10g. CIT	ZEN OF W	WHAT COUNTRY?	\neg	
FUNERAL	3301 GLENSIDE DRI	.VE					212	34			•	U. S	. A.	
3		. WAS DECEDEN	T EVER IN U.S. A	RMED						? (Specify Yee	or No-	14. RACE	E — American Indian, k, White, etc.	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W		JNO			2 X NO			licen, atc.)	ľ		" WHITE	
	A	***												
1	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted)	()	Give kind of fe. Do NOT u	work done sa netired.)	during mo	st of working	g	160.	KIND OF BUS	INESS/INL	JUSTRY		
COMPLETED	Elementary/Secondary (0-12) C NA NA	ollage (1-4 or 5 -	+)	HOMEM						OWN H	OME			
O	17. FATHER'S NAME (First, Middle, Lest)						18. MOTH	HER'S NAI	ME (First, A	fiddle, Maiden S	Surneme)			
BE C	FRANK T. ZARUBA						BAR	BARA	POL	EDNA				
	196. INFOHMANT'S NAME (Typer-rint)													
=	WALTER BELL (SON) 3301 GLENSIDE DR .BALTIMORE, MD. 21234													
20e. METHOD OF DISPOSITION 1 TX Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) DULANEY VALLEY CEMETERY BALTIMORE, MARYLA)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC.													
	· Cot. A.	270	myla		9	705	BELA	IR R	OAD,	BALTI	MORE	, MD	. 21236	
	23. PART I. Enter the diseesas, or com shock, or haart failure. List	plicetions the only one cal	t coused the days on each iir	daath. Do ne.	not ente	r the mo	de of dyi	ing, suci	h ea cerd	liac or respin	ratory en	rest,	Approximate interval Betw	ween
1 1	iMMEDIATE CAUSE (Final disease or condition	•											Onsat and D)eath
	resulting in death)	Seps	OR AS A CONS	EQUENCE C	NE).									
_		DOE 10	(On AS A CONS	EQUENCE	<i>n</i> r).								j	
ERTIFICATION	Sequentielly list conditions, if eny, leading to immediate	DUE TO	(OR AS A CONS	EQUENCE O	F):									
\ <u>\S</u>	CAUSE (Disease or injury	DUE TO	OR AS A CONSI	EQUENCE (ND.									
Ē	that initiated events resulting in death) LAST	502 10	(On AS A CONSI	EGOENCE	,r.j.									
빙	d													
¥	PART ii. Other significant conditions of	_		_	in tha u	nderiyin	g cauae i	givan in	Part i.	24a, WAS AN PERFOR		24b	AWAILABLE PRIOR TO)
EDICA	Peripheral Vas		•							1 YES 2	NO 🔀		OF DEATH?	
≥	Ischemic Card					_							1 TES 2 NO	'
A	End Stage Rena	II DIS	ease			26. Pi	ACE OF D	EATH (Ch	eck only or	96)				
Sic		OSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 Nu		na 5 🗆 Re	seldence	s □ Othe	r (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE Of (Month, I	F INJURY	28b. TII	ME OF	28c. INJ	IURY AT		28d. DES	CRIBE HOW II	NJURY OC	CURED		
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month) L	ray, rowy		М		YES 2] NO						
8	3 Suicide s Could not be	28e. PLACE (building.	OF INJURY — At I , etc. (Specify)	home, ferm,	atreet, for	ctory, offic	:0		28f. LOC C/ty	ATION (Street a or Town, State)	ind Numbe	r or Rural I	Route Number,	
	20. CERTIFIED				_									_
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: C	_											e) and manner as state	led.
ВС	29b. SIGNATURE AND TITLE OF CERTIFIER		,	, .	_		29c. LIC	ENSE NUI	MBER		29d. DA1	TE SIGNED	D (Month, Day, Year)	
18	Edward Lett	1 K	raus	MI			102	28	48		14	1/12	190	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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4		. 2, 3 shou	
BALTIMORE, MARYLAND 21203-3146	24 hours after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be Dept. of Health and Merral Hygiene prior to burial, cremation, or removal.	he medicai examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				HYGIENE REG. NO.		
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH
VIVIAN ELIZABETH	BROWN				MONTH A	/3	97)	7:20AH
		7	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		IPLACE (State or Foreign
216-18-7250 9a. FACILITY NAME (If not institution, give stre	1 D M 2 DF 76	YRS.	NTHS DAYS	HOURS MIN.	(Month, D	/14		yland
		_ /		-	EATH	9c. 0	COUNTY OF I	DEATH
RESIDENCE OF DECEDENT	s Hospi7	al	-10	WSOY	1		//(1)
10e. STATE 10B. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION				19d. INSIDE CITY
Maryland Balt	imore	Lan	sdowne					1 YES 2 K NO
10e. STREET AND NUMBER			101	ZIP CODE		109.	CITIZEN OF	WHAT COUNTRY?
132 1st Ave.				2122	2.7		U.S.	Α.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER IN FORCES? 1 YES			ENDENT OF HISPAI			- 14. RAC Blac	E — American Indian, k, White, etc.
3 🔀 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specif			Spec	"y: White
15. DECEDENT'S EDUCA	TION	18e. DECEDENT'S USU	IAL OCCUPATION	N .	16b K	IND OF BUSINESS	/INDUSTRY	
(Specify only highest grade of	ompleted)	(Give kind of work life. Do NOT use re	done during mo	st of working	1000 70		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Elementary/Secondery (0-12)	College (1-4 or 5+)	Homemak	er					
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Mid	ldle, Maiden Surnan	ne)	
William Ewig				Dorothy	Bake	r		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number,	City or Town, State	, Zip Code)	
Bruce Brown		2530 @	Guilfor	d Ave.	Batli:	more, Mo	d. 21	218
20a. METHOD OF DISPOSITION	20b.	PLACE OF OISPOSITIO	ON (Name of cer	netery, crematory or		20c. LOCATION	N — City or T	own, State
1 Daniel 2 Cremation 3 Removed Donation 5 Other (Specify)	Lo	other place) oudon Park	Cemet	ery		Balt:	imore,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			D ADDRESS OF FA				
· Carmanal	Hala			rd Funer				
23. PART I. Enter the disesses, or co	emplications that caused	the death. Do not	enter the mo	Wilkens	h se cardis	Baltimo	ore. N	Approximats
shock, or heart feliura. L	ist only one cause on e	och line.		ac or aying, cae		o or respiratory		Interval Between Onset and Death
IMMEDIATE CAUSE (Finsi disesse or condition							,	Onset and Death
resulting in death) e.	DUE TO (OR AS A	CONSEQUENCE OF	ARDIT	L Is	UFAH	eltion)	
	DEPRECA	100						
Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disesse or Injury	DRUCO	CONSEQUENCE OF):	n	HAPAT	1715			
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):			370			
resulting in death) LAST								
PART II. Other significant conditions	contributing to death hi	ut not resulting in t	he underivin	n ceuse given in	Part I 2	4a. WAS AN AUTOR	PSV 24	b. WERE AUTOPSY FINDINGS
				g could giron in		PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
					— [¹	YES 2 NO	°	OF DEATH?
								1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (C)	heck only one)			
EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Residence		P#-1		
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O		URY AT	_	RIBE HOW INJURY	OCCURED	
1 Natural 5 Pending	(Month, Day, Year)	INJURY	Y WC	PRK?				
Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	- At home, farm, stree	et, factory, offic	•		ION (Street and Nu	mber or Rural	Route Number,
4 Homicide 8 Could not be determined	building, etc. (Spec	ify)			City or	Town, State)		
290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beat of my knowl	edge, death occurred	if the time state	and place and de-	to the cours	ela) and manner -	etated .	
(Critick Orlly	: On the beals of examination	_						e) end manner as stated.
290. SIGNATURE AND TITLE OF CERTIFIER		1 1		29c. LICENSE NU				D (Month, Day, Year)
11.1 -1	M	1//-		D3.3		290.	AL SIGNE	(month, bay, real)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) Three and	(nt)	D330	413		04	113/90
		St. Joseph		ital To	wson,	Marylan	d 21	204
31. DATE FILED (AP) R11996 1990	32. REGISTRAR'SISIGN		and the same of th					

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, hin 72 hours after death with the State Deut, of Health and Mental Hyglene prior to burial, cremation, or removal.	became and the state of the sta
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	FOR 1 - STATE REGISTRAR	STATE OF MA					EALTH		IENTAL	HYGIENE REG. NO.	E		
	DECEDENT'S NAME (First, Middle, Last,)			I OATI		DEA		2. DATE O	F DEATH			3. TIME OF DEATH
ľ		MABEL G	. BUE	SCH	ET.				APR	DAY	2-91	YEAR	8:25 PM M
	4. SOCIAL SECURITY NUMBER	· · · · · · · · · · · · · · · · · · ·	AGE (In yrs. last		IF UNDER		IF UNDER		7. DATE OF				IPLACE (State or Foreign
	218-22-1231	1 🗆 M 2 🖵 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	AUG	. 26-	-99	Countr	" MD.
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE			9c. COU	NTY OF D	EATH
B	202 HAWTHORN	ROAD			BA	LTI	MORE	.CI	TY				
DIRECTOR	RESIDENCE OF DECEDENT			10. 017	Y, TOWN (10d. INSIDE CITY
													LIMITS? 1 YES 2 NO
9	MD		1	-	BP		MORE	The state of the last	•		10a CIT	IZEN OF V	WHAT COUNTRY?
R	200					197			1.0		103. 011	U.S	
FUNERAL	202 HAWTHORN 11. MARITAL STATUS	12. WAS DECEDENT E	VER IN BLS. ARM	IED	13.	WAS DEC	ENDENT O	212		(Specify Yes	or No-		E — American Indian,
	1 Never Married 2 Married	FORCES? 1 []	YES 2 NO	D		If yes, sp		n, Mexican	, Puarto Ale			Speci	k, White, atc.
ВУ	Wildowed 4 Divorced						- <u>-</u>	-,,-					WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grad		(Giv	e kind of	USUAL O	CCUPATIO	ON st of workin	g	16b. F	INO OF BUS	INESS/IN	OUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	He.	Do NOT u	se retired.)		=		1.				
₽ E	12	2			TE.	ACHI	_		-1	EDUC		N	
응	17. FATHER'S NAME (First, Middle, Last)						1.00		ASHI:	ddle, Maiden :	Sumame)		
BE	LLEWELLYN I 19a. INFORMANT'S NAME (Type/Print)	3. GILLIS	106	MARIN	ADDRES	C /Stmot :				r, City or Town	Chata Zi	la Cadal	
일	ANN B. CANDLI	T D											21210
	20a. METHOD OF DISPOSITION		20b. PLACE C						DAL	-		- City or To	
	N Burial 2 ☐ Cremation 3 ☐ Ra 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	other place		OUN	DON	PAR	K		BAI	TIM	ORE	,MD. 21229
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE					O ADDRE		CILITY				ROAD 21212
	▶ R. X. Ru	the			1	I TAT	TENI	ZTNIC	י א אזר				BALTO.MD.
	23. PART I. Enter the diseases, or											_	Approximate
	shock, or heart failure iMMEDIATE CAUSE (Final	e. List only one cause	on aach lina.										intarvai Batween Onset and Death
	disease or condition resulting in death)	e. Respirat	ory Fai	ilur	e								1 Hour
	rousing in duality	OUE TO (OI	AS A CONSEQ	UENCE C	OF):								
Z	Sequantially list conditions,	Arterios				ovas	cu1a:	r Dis	sease				16 years
¥	if any, laeding to immediata cause. Entar UNDERLYING	DOE 10 (OI	R AS A CONSEQ	UENCE (n-):								
윤	CAUSE (Disease or injury that initiated events	C. DUE TO (OI	AS A CONSEQ	UENCE C	OF):								
CERTIFICATION	resulting in death) LAST	d											
	DADT il Other significant conditi	one contribution to de	oth hut not o		In the co			uluan in i	Onet I	24a. WAS AN	ALETTODON		. WERE AUTOPSY FINDINGS
CAL	PART II. Other eignificant condition	one contributing to de	eth but not re	esulting	in the U	ngeriyin	g cause	given in		PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									-	1 YES 2	X NO		OF DEATH?
MED									-				1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	1				26 P	ACE OF D	EATH (Chr	eck only one	1			
S S	EXAMINER? 1 YES 2 NO	HOSPITAL:	B/Outputlant 3	□ DO4	OTHE	R:			8 🗆 Other				
PHYS	27. MANNER OF OEATH	28a. DATE OF IN	JURY	28b. TII	WE OF	28c. IN.	JURY AT	reidence		CRIBE HOW I	NJURY O	CCURED	
	1 Natural 5 Pending	(Month, Day,	Year)	IN	JURY		YES 2	□ NO					
ЭВУ	2 Accident Investigation 3 Suicide 6 Could not b	28e, PLACE OF I	NJURY — At hor	me, farm,	street, fac	tory, offic	: : :			TION (Street a		er or Rural	Route Number,
ETED	4 Homicide determined	bolloning, and	- (apouny)						Oity U	iown, state)			
#	29a. CERTIFIER (Check only 1 CERTIFYING PH	SICIAN: To the best of my	knowledge, dea	nth occur	red at the	time, date	and place	, and due	to the caus	e(a) and mar	nner aa at	ated.	
COMPL		NER: On the basis of exam	nination and/or is	nvestigat	lon, In my	opinion,	death occu	red at the	time, data a	and placa, en	d dua to	the ceuse(e) end menner as stated.
m C	29b. SIGNATURE AND TITLE OF CERTIF	IER					29c. LIC	ENSE NUN	ABER		29d. DA	TE SIGNE	D (Month, Day, Year)
0	W. H Dan	L) n.	0			D	11060)		•	4-13-	-90
5	30. NAME AND ADDRESS OF PERSON		DEATH (ITEN					4100					
	W.H.TOWNSHEND	JR.	<i>(</i>	14	EA	ST I	EAGE	R SI	rree:	Γ,BAI	JTO.	MD.	21202
	31. OATE FILED (Morith, Day, Year) APR 16 1990	32. REGISTRAR	- HONATURE	•									
1 1	MEN TO 1000	1	-										

(0	, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	revers after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mons after death. Page 6 may be retained by the hospital or attending physician.	TO THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	De lied within 72 indus are read mit the case cept, or read and injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI CERTIFIC				HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	F.	Bluch	10		2. DATE OF MONTH	DEATH PAY	YEAT 90		
	4. SOCIAL SECURITY NUMBER			F UNDER I YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D)	BIRTH BY. Year' 901	6 BI	ATHPLACE (State or Foreign unity) Maryland	
TOR	98. FACILITY NAME (If pot institution, give stre	bet and number)			R LOCATION OF DE	ATH	90	EAL-	_	
FUNERAL DIRECTOR	100. STATE 10b. COUNTY Maryland Balt	unty 10c. city, town or Location altimore Baltimore							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
JAL (10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
JNE	9632 Oak Summit A	venue Balto 12. WAS DECEDENT EVER IN		13. WAS DEC	21234 ENDENT OF HISPAN	IC ORIGIN? (S	Specify Yea or N	U.S.A.		
à	1 Never Merried 2 Married 3 Widowed 4 Olvorced	FORCES? 1 YES	2 💥 ሃ O	If yes, spe	ecify Cuban, Mexican 2 1 NO Specify	, Puerto Rice		8	leck, White, etc. pecify: White	
COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementery/Secondery (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use	BUAL OCCUPATION to done during more during duri	N st of working	18b. KII	ND OF BUSINES	SS/INDUSTR		
MPL	6th		Housew	ife						
	17. FATHER'S NAME (First, Middle, Last) Andrew Simms				18. MOTHER'S NAI			ame)		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a	nd Number or Rural F	y Buri		ate, Zip Code	1	
유	Walter L. Blucher		9632 0	ak Summ	it Avenu	e Bal	ltimore	e, Mar	yland 21234	
	20a. METHOD OF DISPOSITION 1 C Buriel 2 Cremetion 3 Removed 4 Donetion 5 Other (Specify)	val from State	other place) el Air Me		-		1	on - city o	Town, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Tuneral	Home		n Funer		740)1 Bel	air Road	
CERTIFICATION	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A DUE TO (OR AS A		awes	+				Interval Between Onset and Death	
MEDICAL	PART II. Other significant conditions	contributing to death b	ut not resulting in	tha underlying	g causa givan in	į.	III. WAS AN AUT PERFORMED	0?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO NO										
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY	28b. TIME	OF 28c. INJ			Specify) NBE HOW INJU	RY OCCURE)	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	M 1 🗆	PRK? YES 2 NO					
	III a 1 a. Late - 1 and a 1 a. Late - 1 and a							ral Houte Number,		
COMPLETED	one)	IAN: To the best of my know							se(e) end menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Trus			29c. LICENSE NUM	ABER	29	DATE SIG	NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WAS),		Print)	4					
	APR 1.6 1000	32. REGISTRAR'S SIGN	ATURE							

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s; After this certificate has been signed by the attending physician and completely filled in by the funeral director, p.		to make an those An alternative hours are added to the secultural averaged the secultural averaged to
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	1	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.	E	0 10130	
		1. DECEDENT'S NAME (First, Middle, Last) Mary	L.	Brown			2. DATE OF DEATH MONTH 3-28-90	FOUND YEAR	3. TIME OF DEATH 8:00PM M	
		226 72 7670	SEX 6. AGE (II	n yrs. last birthday)	#F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	B. Bif	RTHPLACE (State or Foreign untry) IRGINIA	
	OR	9a. FACILITY NAME (If not institution, give street 11903 Leatherbark						9c. COUNTY OF	mery County	
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY VIRGINIA POWH	I A T A N	TAN NONE					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	FUNERAL	1414 DORSETT ROA	, D		0.0	23139		U. S.	what country?	
-	<u></u>	11. MARITAL STATUS	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2/XNO Specify: 1. RACE — American Black, White, etc. Specify: B L A (
	LETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12) Company (0-12)		(Give kind of v life. Do NOT us	USUAL OCCUPATION work done during more retired.)	ON est of working	ALTERA		Y §TORE/	
at once.	E COMPLET	17. FATHER'S NAME (First, Middle, Lest) HARRY W. BROWN		PROPRI	EIUK	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	3	
e notified	TO B	MRS. ELSIE WALTO	N	19b. MAILING 4287	ADDRESS (Street &	BRIDGE	ROAD PC	n, State, Zip Code) WHATAN		
er must b	!	20s. METHOD OF DISPOSITION NO Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State S E	other place) COND A	NTIOCH	BAPT.	CH.CEM.PC	OWHATA!	V V I R G I N I A	
i examin		* Lloyd My O	step		EST 130	EP BROTH O EUTAW	ERS FUNERA PLACE, BAL	TIMORE,	CE,P.A. MD. 21217	
vent, the medic		23. PART I. Enter the diseases, or com shock, or haart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	carbon Mor	ach line.	ntoxicat		h as cardiac or reapi	ratory arrest,	Approximata Interval Batween Onset and Daath	
0	ERTIFICATION	Sequantially list conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
hows any injury,	MEDICAL C	PART II. Other algorificant conditions c	ontributing to death b	ut not resulting	in tha underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? XXXES 2 \(\triangle \) NO	
item 2	PHYSICIAN:		OSPITAL:	2 DO4	OTHER:	LACE OF DEATH (Ch	eck only one) 6XXOther (Specify)	SCENE		
ed, or	HĂ HĂ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. IN.	JURY AT ORK?	28d. DESCRIBE HOW		0	
s is mark	à	1 Natural 5 Pending 2 Accident Investigation 3 Could not be datermined	3-26-90 28e. PLACE OF INJURY building, atc. (Spec	offy)	street, factory, offic	YES XIXXINO	28f. LOCATION (Street	and Number or Ru	auto fumes ral Route Number, ck Way, German	
If Item 28	COMPLETED	a the state of the		ledge, death occurr			to the cause(a) and ma	gomery mer as stated	County, MD	
POR	H	29b, INDIVATURE AND THOSE OF CENTIFIER				29c. LICENSE NUI		29d. DATE SIG	NED (Month, Day, Year)	
=	2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE			Street,E	Baltimore,N	1D 21201	l vc	
		31. DATE FILED (Month, Day, Year) APR1 61990	32. REGISTRAR'S SIGN							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fater death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA
DECEDENT'S NAME (First, Middle, Last)	
GARNET	CROSS

AND MENTAL HYGIENE

REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR										3. TIME OF DEATH					
	GAR	5. SEX	CROSS SEX 6. AGE (In yrs. last birthday) III			1 YEAR	IF UNDER	04 1400	APRIL 15 199				12:55 a ^M PLACE (State or Foreign			
J.R	230-30-1769		1 🗆 M 2 🔀 F	71	YRS.	MONTHS	DAYS	HOURS	MIN	(Month, Day 12-29-	y, Year)	3	Country			
	9a. FACILITY NAME (if not institution, give street and number) BON SECOUR EXTENDED CARE						96. COUNTY OF DEATH ELLICOTT CITY 90. COUNTY OF DEATH HOWARD									
5	RESIDENCE OF DEC															
DIRECTOR	VIRGINIA WISE					10c. CITY, TOWN OR LOCATION POUND						10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
A	10e. STREET AND NUMBER					10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?					
COMPLETED BY FUNERAL	RT 2 BOX 568 A					24279 U.S.A.										
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4XXX Olvorced				IMED NO	D 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 💢 🏋 Specify: WH 1							— Americen Indien, t, White, etc. fy: TE			
	15. DEC (Specify onl Elamentary/Secondary (C	ive kind of	EDENT'S USUAL OCCUPATION se kind of work done during most of working Do NOT use retired.)					16b. KIND OF BUSINESS/INDUSTRY								
립	Elementary/Secondary (0-12) 12th College (1-4 or 5+) GAR					MENT WORKER					MANUFACTURER					
	17. FATHER'S NAME (First, Middle, Last) BAXTER BOLLING					18. MOTHER'S NAME (First, Middle, Maiden Surname) EURA HAMILTON										
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. M.						ILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BOX 568A POUND, VIRGINIA 24279									
-	EURA BOLLIN	_								VIKGI				Card		
	20s. METHOD OF DISPOSITION 1 A Burlet 2 Cremetton 3 Removal trom State 4 Donetton 5 Other (Specify) HAMILTO					SPOSITION (Name of cometery, crematory or N BOLLING CEMETERY					POUND, VIRGINIA					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. LE	22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME									
	1630 EDMONDSON AVENUE CATONSVILLE, MD 21															
ATION	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory erreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Die To (OR AS A CONSEQUENCE OF):															
				4			4 8 400	cla	سم تادرا	-				9 month		
	Sequentielly list conditions, If any, leeding to immediate couse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): On Metastathe Signal Coll Lung Cuncur On Metastathe Sig															
CERTIFICATION	COUSE. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST															
	PART II Other elgolfice	ent conditions	contributing to	death but not	maulting	in the w	nderlyin	a cause	alven in i	Part I 244	WASAN	AUTORSV	245	. WERE AUTOPSY FINDINGS		
CAL	Insulin Deputier Conditions Contributing to death but not re					isothing in the orderlying course given in the					24e. WAS AN AUTOPSY PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL											1 HES 2 MIO			OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)															
	EXAMINER?	O MEDICAL	HOSPITAL:	FR/Outpatient	3 DOA	OTHE	R:				necify)					
	27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF RAJURY AT WORK? WORK? 26d. DESCRIBE HOW INJURY OCCURED (MOnth, Day, Year)															
ED BY	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)						M 1 _ YES 2 _ NO reet, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
ETE	4 Homicide determined															
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(a) and menner ee stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner ee stated.															
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 129c. LICENSE NUMBER 29d. OATE SIGNED (Moritin, Day, Year) 136509 Aprol 1541 1990												1-4/2 10030			
F	2000 Cen Ly	Plaz	COMPLETED CAUS	LI WK	Parol	e, Print)	47	Ken	, Co	lumbi	ng 11	nd.	Zio	44		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2000 Clar Lung Plaza 10632 Li Wik Painting on 4 Phay Columbing Md Z1044 31. DATE FILED (Month, Dev. West) APr. 16 90 32. REGISTRA'S SIGNATURE APr. 16 90															

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o,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the
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DIVISION OF VITAL RECORDS, P.O. DOA 13149,	tificate	g physiene p	ther
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STATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND	MENTAL HYGIENE
CI	ERTIFICATE O	F DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN	E			
,	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Clareno	ce Douglas Ci	ropper			4 8	9	3:45 p m		
1	4. SOCIAL SECURITY NUMBER	1	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign Country)		
	216-16-7882 9a. FACILITY NAME (If not institution, give s	1 M 2 D F	65 YRS.		OR LOCATION OF DE	4/28/24	9c, COUNTY	MD		
NO BO	8929 Old Ocean				lin	.com		cester		
ی	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	10c CIT	Y. TOWN OR LOCA	TION			10d, INSIDE CITY		
DIRECTOR	Sept. Committee of the committee of the	rcester		Berlin	11011			LIMITS?		
	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	8939 Old Ocean	City Rd.			21811		1	USA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES				NC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, atc.		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.			2X NO Specify			Specify: White		
	15. DECEDENT'S EDU	CATION	18a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	SINESS/INDUST	RY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during make retired.) Ar	my /					
MPL	7 yrs.		Town of	Ocean C	ity, Mai	11.00		intenance		
00	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
BE	George Wil	lliam Croppeı		4000000 (0)		ie William Route Number, City or Tow				
2	Jackie Layton					Rd. Berli				
	20a, METHOD OF DISPOSITION	208	b. PLACE OF OISPO				CATION City			
	1 A Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)		en Cemet		Berli			
	21. SIGNATURE OF FUNERAL BÉRVICE LIC	ENSEE			ND ADDRESS OF FA			ral Home St.		
	V. Xit	Butter				108 Wĭ Berlin	lliams	St.		
	23. PART I. Enter the diseases, or			not anter tha m	oda of dylng, suc			, Approximata		
	ahock, or haart failure. IMMEDIATE CAUSE (Final	List only ona cause on a	ach lina.					Intarval Between Onset and Death		
	disease or condition resulting in death)	a	une (Jance!	>					
		OUE TO (OR AS	A CONSEQUENCE O	F):	11 0					
NO	disease or condition resulting in death) a. OUE TO (OR AS A CONSCOURNCE OF): Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):									
YAT	If any, leading to immediate cause. Enter UNDERLYING			,				ļ		
E	CAUSE (Disease or injury Ihat initiated events	OUE TO (OR AS /	A CONSEQUENCE O	F):		.,,				
CERTIFICATION	resulting in death) LAST	d								
AL C	PART II. Other significant condition	ns contributing to death it	but not resulting	In the underlyle	ig cause given in			24b. WERE AUTOPSY FINDINGS		
CA	COP	>				PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE		
回	Pial	ules					A.	OF DEATH?		
Ä						_				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)				
YSI	1 TES 2 ANO	1 - Inpatient 2 - ER/Out				aX Other (Specify) n				
	27. MANNER OF DEATH 1 Anetural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	JURY AT ORK?	28d. DEŞCRIBE HOW	NJURY OCCUR	EO		
ВУ	2 Accident Investigation	dent investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office.						Rural Route Number,		
COMPLETED	3 Suicide 8 Could not be 4 Homicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
٦	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	wledge, death occur	red at the time, day	a and place, and dua	to the cause(a) and me	nner as stated.			
N C	(Crieck orny	ER: On the basis of examination						ause(a) and manner as stated.		
	29b. SIGNATURE AND JUTLE OF CERTIFIE	.R			29¢ LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Day, Year)		
BE	18 Largen	Je. 1	MA		D/323	22	14	-11-90		
9	30. NAME AND ADDRESS OF PERSON WE	- A 1			SALVER					
	C.R.LAYTON,	Je Poth	nc- lay	379	SAUSBU	ne				
	APR1 6 1990 4	the Berter 19	dalle			1				

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 to the street death. Page 6 may be retained by the hosp
JALIMONE, MANIERIN	DIVISION OF VITAL RECORDS, T.O. BOX 13145,

- STATE REGISTRAR		CER	TIFICALE	E OF DEATH		REG. NO.				
DECEDENT'S NAME (First, Middle, Last) Jua	n	D.		Crosby	MON	e of death th -5-90	YEAR	3. TIME OF DEATH 7:20AM		
4. SOCIAL SECURITY NUMBER 220 86 1079		GE (In yrs. last birti	thday) IF UNDER		s. 7. DATE	OF BIRTH	6. BIRT Count	HPLACE (State or Foreign		
9a. FACILITY NAME (If not institution, give st 2700 Block Green RESIDENCE OF DECEDENT	nmount Aven			Baltimore		9	c. COUNTY OF I			
10a. STATE 10b. COUNTY			BALT	0,				10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?		
	NE ST			2/2/1			u.5	.71		
11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 TYPE IF YES, GIVE WAR OF	ES 2 NO		WAS DECENDENT OF HI If yes, apecify Cuban, M 1 YES 2 NO S	xican, Puarto		No 14. RAC Blac Spec	CE — American Indian, ck, Whita, atc.		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give ki	PENT'S USUAL O lind of work done NOT use retired.)	during most of working	16	Hotel				
17. FATHER'S NAME (First, Middle, Last) JOAN 0715	Crosby				R BA	Middle, Maiden Sun	Steph	IEY		
BARBARA	teoNE)	19b. M/		S (Street and Number or F	BA	LTO, M	State, Zip Code)	1218		
20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cometery, crematory of the place) 20s. LOCATION - City or Town, State 4 Donation 5 Other (Specify) AND TOWN, State Other place) AND TOWN, State Other place) AND TOWN, State Other place) AND TOWN, State OTHER (Specify)										
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1 00	NAME AND ADDRESS C				7		
· Doseph G	7. Lock	<5. J	r · 13	304 n. En	Traf G	te Louis	ko Ju	neral Hom		
23. PART . Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	List only one cause o	on each line.	Do not ante	r tha mode of dying,	Traf a	Te Local	ko Sultory arreat,			
shock, or heert feliure. iMMEDIATE CAUSE (Final disease or condition	a. Shotgun DUE TO (OR /	wound t	Do not antered to left NCE OF):	r tha mode of dying,	Traf a	He Local	ka JM tory arrest,	intarvai Betwe		
shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. DUE TO (OR A	wound that as a consequent as consequent as a consequent as a consequent as a consequent as a	Do not antered to left note of): Index of process of the control	r tha mode of dyling, neck	Traf Ca	24a, WAS AN AU PERFORME	TTOPSY 24	Interval Betwee Onset and De Onset and De Note: The Completion of Cause Completion of Cause		
shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	B. DUE TO (OR A	wound that as a consequent as consequent as a consequent as a consequent as a consequent as a	Do not antered to left note of): Index of process of the control	r tha mode of dyling, neck	Traf Ca	24a, WAS AN AU	TTOPSY 24	Interval Betwee Onset and De		
shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentieity list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART ii. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	B. Shotgun DUE TO (OR A	wound t AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE th but not resu	Do not antered to left NCE OF): NCE OF): NCE OF):	r tha mode of dying, neck nderlying cause give	auch as ca	24s. WAS AN AU PERFORME XX YES 2	PTOPSY 24 ED?	Interval Betwee Onset and De Onset and De No. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL	B. Shotgun DUE TO (OR / DUE	Wound t AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE Th but not resu Toutpatient 3 1	DOA OTHE UNDER TINUER OF INJURY	r the mode of dying, r the mode of dying, neck neck 26. PLACE OF DEAT FR: FR: FR: FR: FR: FR: FR: FR	n in Part i.	24a. WAS AN AU PERFORME XXX YES 2 one) her (Specify) ESCRIBE HOW INJI	SCENE URY OCCURED	Interval Betwee Onset and De Onset and De No. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?		
shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentieity list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART ii. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XYES 2 □ NO 27. MANNER OF DEATH	BLIET ONLY ONE CAUSE OF A SHOTGUN B. DUE TO (OR A DUE TO	Wound t AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE The but not resu TOutpatient 3 12 TOUTPATIENT 3 20 TOUTPATIENT 3	DOA OTHE USE OF INJURY	r the mode of dying, r the mode of dying, r the mode of dying, reck neck 26. PLACE OF DEAT FIT: resing Home 5 - Reside 26. INJURY AT 1 - YES - YEN Nettery, office	n in Part i. H (Check only 28d. D Sub. 28f. C.C. 270	24s. WAS AN AU PERFORME XX YES 2 one) her (Specify) Secribe How Inju O) ect Sho Coation (Street and by or Town, Stete) O Block	SCENE URY OCCURED J Number or Rum Greenm	Interval Betwee Onset and Design of Design of Design of Competition of Causi OF DEATH? XXX YES 2 NO I Route Number,		
shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART ii. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	BLIST ONLY ONE CAUSE OF INJURY AND ALLS IN TO SERVITAL: 1 Inpatient 2 ERV 28a. DATE OF INJURY (Month, Dey, W. 4-5-90) 26a. PLACE OF INJURY (Month, Dey, W. 4-5-90)	Wound to as a consequence of the but not result the but not result the but not result the but not result to but not resu	DOA OTHE OF INJURY AM M, farm, street, fac Alley—	r the mode of dying, r the mode of dying, neck neck 26. PLACE OF DEAT FR: FR: FR: FR: FR: FR: FR: FR	auch as ca n in Part i. H (Check only) 28d. D 28f. LC 27f. Ball d dua to the c	24a. WAS AN AU PERFORME XX YES 2 Ther (Specify) ESCRIBE HOW INJI DI CATION (Street and yor Town, Stele) O Block Lillore, I ause(a) and menne	SCENE URY OCCURED OT Green Marylar or as stilled.	Interval Betwee Onset and Decided Property Finding AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? XXX YES 2 NO If Route Number, Nount Ave., Inc.		
shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART ii. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	B. Shotgun DUE TO (OR A DUE	Wound to as a consequence of the but not result the but not result the but not result the but not result to but not resu	DOA OTHE OF INJURY AM M, farm, street, fac Alley—	r the mode of dying, r the mode of dying, neck neck 26. PLACE OF DEAT FR: FR: FR: FR: FR: FR: FR: FR	auch as ca n in Part i. H (Check only) 28d. D 28f. L(c) 27C Ball d dua to the cat the time, de	24s. WAS AN AU PERFORME XX YES 2 one) her (Specify) CATION (Street and by or Town, Stele) O Block Limore, Itsuse(a) and mennes tata and place, and of	SCENE UNY OCCURED Ot I Number or Rura Green Wallylar or as stated. dua to the cause	Interval Betwee Onset and Dei Onset and Dei Onset and Dei Onset and Dei Onset and Dei Onset and Dei Onset and Dei Onset and Took of Death? XXX YES 2 NO If Route Number, Nount Ave., Inc., Inc		

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7	uted	S LE	2
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S	E	E #	28
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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BE COMPLETED

2

	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPAR ERTIF					MENT	AL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			Z.						E OF DEATH			3. TIME OF DEATH 244
	RICHARD LESLIE I	RICHARD LESLIE DOUGLAS								3	90	9:59A "	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		E OF BIRTH		S. BIRTH	PLACE (State or Foreign
	226-16-4968	1 X M 2 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	7 / 1	4/19		Virg	
	9a. FACILITY NAME (If not institution, give s				9b CIT	r, town o	P I OCATI	ON OF OR		7/1/	90 COI	INTY OF DE	
DIRECTOR	HARBOR HOSPITAL CE		S. HANOVE	RST		LTON			LAIII				
<u>ត</u>	10a. STATE 10b. COUNT		-		Y. TOWN	OR LOCAT	ION						10d, INSIDE CITY
<u>E</u>	Maryland Balti	imoro		l	sdov							1	LIMITS?
	10s. STREET AND NUMBER	Inore		rai	isaov		ZIP COD	-			I 46 017		1 YES 2 X NO
FUNERAL						101.					10g. CI		
9	922 Imperial Cou	·						1227				U.S.	
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AR	MED	13.					IN? (Specify Year o Rican, etc.)	or No-	14. RACE Black	American Indian, While, etc.
ВУ	1 Never Married 2 A Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				1 YES				, , ,		Specif	White
		1	-									l	wiite
臣	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S live kind of Do NOT us	Work done	during mos	on at of worki	ng	10	Sb. KIND OF BU	BINESS/IN	DUSTRY	
"	Elementary/Secondary (0-12)	College (1-4 or 5 +)											
MP	7th Grade		Su	pervi	sor					Fact	tory		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First	, Middle, Maiden	Surname)		
BE	Unknown Douglas Fannie Kell						ellies						
TO							n, State, Z	ip Code)					
Ĕ	Les Douglas 7933 Oakwood Road Glen B						en B	urnie,	MD	2106	1		
				OF DISPO	F DISPOSITION (Name of cemetery, crematory or				20c. LOCATION City or Town, State			wn, Stata	
	4 Donation 5 Other (Specify)	oval from State	Lake		Memo	orial	Par	ck		Sy1	kesv:	ille,	Maryland
	21. SIGNATURE OF FUNDAL SERVICE LIC	CENSEE	2-4	1	22	NAME AN	D ADDRE	SS OF FA	CILITY				
	1/2000	14	WID	1						ome, I			
-	1000-		H	4 -						Balt:			
	23. PART I. Enter the diseases, or ahock, or heart failure.	List only one cause	on each line	min. Do i	not ente	r the mo	de ot dy	ing, suc	ch as ca	irdiac or resp	iratory a	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	111	cin			A	o i		ı	1			Onset and Deeth
	disease or condition reaulting in death)	SEF	30 -	- Group A Beta Stre ISEQUENCE OF: Pulmonary Embolis ISEQUENCE OF:					Stre	ptococ	CUS		
		DUE TO (OF	AS A CONSE	QUENCE O	F):			4	1.0				
z		· Mas	sive	Pul	mor	lory	1 6	mbo	0/15	m			
은	Sequentially list conditions, if any, leading to immediate	OUE TO (OF	AS A CONSE	QUENCE O	F):	/	- (110					
S	cause. Enter UNDERLYING CAUSE (Disease or injury		hma		R	01	1ch	1	15				
E	that initiated events		AS A CONSE		F):			•		-4004	T. (
CERTIFICATION	resulting in death) LAST	d. Pro:	stan	((ARC	100	MA	-	ME	TASTA	110		
	PART II. Other aignificant condition	na contributing to de	ath but not	resulting	in the u	nderlyin	cause	given in	Part I.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
SA	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.						PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
								1 TYES	NO		OF DEATH?		
Σ													1 U YES 2 NO
Š													•
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:			OTHE		ACE OF	DEATH (Ch	heck only	one)			
YSI	1 TYES 2 NO	1 inpatient 2 E			4 🗆 Nu	msing Hom	_	lesidence	1	her (Specify)			
H	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF IN (Month, Day,	JURY Year)	28b. TIA	JURY		PRK?		28d. D	EȘCRIBE HOW	INJURY O	CCURED	
BY PHYSICIAN: MEDICAL	1 Natural 5 Pending Investigation	20- 01-405-05-0			М	1 🗆 '	YES 2 (NO	<u> </u>				

n this draw the filling to were the	East Date of Gentli (Glock Only Gro)							
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ★ Inpatient 2 □ ER/Outpatient 3		OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)					
7. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEȘCRIBE HOW INJURY OCCURED				
3 Suicide a Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

296. SIGNATURE AND TITLE OF CERTIFIED

Michael D. Goldler MD	(Physician)	NOT LICENSED
0. NAME AND ACCRESS OF PERSON WHO COMPUTED CAUSE O	OF DEATH (ITEM 27) (Type, Print)	16
MICHAEL D. GOLDBERG, MD	3001 S. HANDYER	St Batto MD.

31. DATE FILED (MONTH PRI 1907) 199U 32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21203-3146

etained by the hosp	should be detache	otified at once.
h. Page 6 may be r	eral director, page 5	niner must be n
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 75 hours after health with the State Dent of Health and Mental Hoolene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the its clind within 20 hours after death with the State Dent of Health and Mental Hoolene prior to build, cremation, or removal.	raumatic event, 1
he death certificate	the attending physical Mental Hygiene pr	njury, or other t
law requires that t	is been signed by ent. of Health and	23 shows any i
PHYSICIAN: The	r this certificate ha	arked, or item
AL OR ATTENDING	AL DIRECTOR: Afte	if item 28 is m
TO THE HOSPIT	TO THE FUNERY	MPORTANT

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENE REG. NO.	90	1020
I	1. DECEOENT'S NAME (First, Middle, Last)		7			2. DATE OF OEATH MONTH DAY	YEAR	3. TIME OF DEATH
ı	HARRY M	I	DAWSON JR.			APRIL 8, 1990	T EAR	6:47A
I	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRTH	IPLACE (State or Foreign

	1. DECEOENT'S NAME (First, Midd	dle, Last)	-		31				2. DATE OF OEATH	DAY	YEAR	3. TIME OF DEATH
	HARRY M		DA	WSON	JR.				APRIL 8	1990)	6:47A M
	4. SOCIAL SECURITY NUMBER	1.1			last birthday)		ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	r)	a. BIRT Coun	HPLACE (State or Foreign
	220-10-4417	1	M 2 □ F	68	YRS.	MONTHS	DAYS	HOURS MIN.	June 8			**
	9a. FACILITY NAME (If not institution	ion, give stree	t and number)			9b. CI1	ry, town (OR LOCATION OF DE	ATH	9c. CO	UNTY DF	DEATH
DIRECTOR	Memorial Hospi					Cun	berl	and		Alle	gany	!
ទួ	RESIDENCE OF DECEDI	. COUNTY			10c. C17	Y. TOWN	OR LOCA	TION				10d, INSIDE CITY
<u> </u>	Marriand	1110										LIMITS?
	Maryland 100. STREET AND NUMBER	Alle	gany		1 wes	ste	rnpo	I L		10g. CI	TIZEN OF	WHAT COUNTRY?
FUNERAL	403 Horser	o o le	DA					21562			US	
3	11. MARITAL STATUS		2. WAS DECEDENT			13		ENDENT OF HISPAN			14. RAC	CE — American Indian,
	1 Naver Married 2 Marri		FORCES? 1 IN	YES 2	NO			ecity Cuban, Maxica 2 JNO Specifi)		ck, White, etc.
) B	3 Widowed 4 Divorced							2 NO Specifi				wille
	15. DECEDEN (Specify only high	NT'S EDUCAT	TION mpleted)	18a.	(Give kind of	USUAL work don	OCCUPATION OCCUPATION	ON ost of worlding	16b. KIND OF	BUSINESS/I	NDUSTRY	
COMPLETED	Elementary/Secondary (0-12)		College (1-4 or 5+)	Co			-		Carri	M	نامه خامه	C-
Ž	Unknown 17. FATHER'S NAME (First, Middle,	1 1		ра	resma	111/1	кера	irman	ME (First, Middle, Ma			ine Co.
8		IW.	-	~				A. J. Carlotte, Co., Co., Co., Co., Co., Co., Co., Co.				
BE	Harry 19a, INFORMANT'S NAME (Type/P	M .	Dawsor	Sr	105 MAII INC	ADDOE	thent?\ 22	Maud and Number or Rural	e Rile		Zin Code)	
임	Helen Daw											ld.21562
	20a. METHOD OF DISPOSITION			20b. PLA				metery, cremetory or		LOCATION -		
	1 Burial 2 Cremation 3		al from State	othe	r place)							ind. Md.
	21. SIGNATURE OF FUNERAL SE	RVICE LICEN	ISEE	TROC	ky ot	2	2. NAME A	ND ADDRESS OF FA	CILITY			
	•							al-Warn				
	23. PART i. Enter the dieses	202 OV CO	mnilcations that	rouged the	death Do	not ent						rt, Md.
			st only one caus	on each	ine.	le	s m	rapy	Aer	ent		interval Between Onset and Daath
z		•	Ac	A CO	M (Q (7	8	nall	Cell (4.0		7
CERTIFICATION	Sequantially list conditions if any, leading to immediate cause. Enter UNDERLYING	a	DUE TO (C	H AS A CON	ISEQUENCE O	IF):						()
일	CAUSE (Disease or Injury	1 -	DUE TO (C	H AS A COR	SEQUENCE O	FI.						
	that initiated evants resulting in death) LAST					260						
핑		C 4										
¥	PART ii. Other aignificant c	conditions	contributing to d	eath but n	ot resulting	in the	underlyin	g cause given in		S AN AUTOPS	Y 24	ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL									1 _ YE	S 2 NO		COMPLETION OF CAUSE OF DEATH?
									_			1 TES 2 NO
ÿ												
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	-	HOSPITAL:			ОТН	_	LACE OF OEATH (C)	eck only one)			
YSI	1 TYES 2 NO	1	☐ Inpatient 2 ☐			4 🗆 N	lursing Hor	ne 5 🗆 Residence				
폾	27. MANNER OF DEATH 1 Natural 5 Pend	dina	28a. DATE OF II (Month, Day		28b. Til	WE OF JURY	W	JURY AT ORK?	28d, OEŞCRIBE H	OW INJURY O	CCUREO	
ă	2 Accident Inves	stigation	28e. PLACE OF	IN RIDY _ A	t home form	etmat 6		YES 2 NO	28f. LOCATION (SI	mot and Mumb	nor or Busin	I Doubs Mumber
COMPLETED	3 Suicide a Coul 4 Homicide deter	id not be rmined	building, e		a nome, min,	acreet, is	actory, one		City or Town, S		Jet of Hural	noute Number,
片	29a. CERTIFIER (Check only	ING PHYSICI	AN: To the best of n	ty knowledge	, death occur	red at the	e time, dat	and place, and due	to the cause(s) and	menner es s	tated.	
2	ann)											(a) and manner as stated.
	296. SIGNATURE AND TITLE OF	CERTHFIER	200					29c. LICENSE NU	MBER	29d. D	ATE SIGNE	D (Mohth, Day, Year)
8	W.	118	VV							•	4/	1/90
입	30. NAME AND ADORESS OF PE	RSON WHO	COMPLETED CAUSE	OF DEATH	(ITEM 27) (Typ	e, Print)					4	1 10
	Dr. Oamar Zama	an Ma	emorial F	losnit	al Me	dica	1 R:	ilding C	umberlan	a. Ma		21502
Ì	31. DATE FILED (Month, Day, Year) APR 16 1990	1	30 REGISTRAR	CHAR	2	4.00	ייע בי	TIGHTE U	duiber rain	~ 0 11CL 0		
	APR 16 1990	guh	CHADANAGO	1	2							

FOR

0X 13146, BALTIMORE, MARYLAND 21203-3146	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a man's after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MINISION OF VITAL RECORDS, P.O. BOX 13146,	ENDING PHYSICIAN: The law requires that the death certific) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	3 is marked, or Item 23 shows any Injury, or othe
DIVIS	TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTL be filed within 72 hours aft	IMPORTANT: If Item 28

	1 - STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest) EDWARD	C.	DONAL.	D	2. DATE OF DEATH DAY	YEAR 90 2 S P M					
9	4. SOCIAL SECURITY NUMBER 217-10-5928	5. SEX 6. AGE (In	79 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/21/10	BIRTHPLACE (State or Foreign Country) Mcl.					
OR		illage Nursin		Y, TOWN OR LOCATION OF C Frostburg	DEATH	sc. county of DEATH Allegany					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CITY, TOWN			10d. INSIDE CITY					
DIA	Md. Al.	legany	Frostb	urg Village	Nursing Home	e X LIMITS?					
FUNERAL	Rt. 36 Frost	ourg, Md.		101. ZIP CODE 21532	1	10g. CITIZEN OF WHAT COUNTRY? USA					
ВУ	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 VNO	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	NIC ORIGIN? (Specify Yea or an, Puarto Rican, atc.) //y:	r No 14. RACE — American Indian, Black, White stc. Specify: WILLE					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USUAL (Give kind of work done	during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY					
J.E.	Elamentary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use retired.								
OM	Unknown 17. FATHER'S NAME (First, Middle, Last)	L	Steel Mil		Steel AME (First, Middle, Maiden Su	1 Mills					
BE C	John T. Donald			Mary	Brown Donald	1					
10 8	198. INFORMANT'S NAME (Type/Print) Rhoda Rol	oinson	19b. MAILING ADDRE	ss (Street and Number or Rura re, Md. 2153	Route Number, City or Town, 2	State, Zip Code)					
Ĭ	20a. METHOD OF OISPOSITION Buriai 2 Cremation 3 Rem 4 th Donation 6 Other (Special)	oval from State 20b.		deme of cometery, cremetory or Cemetery		ATION — City or Town, State tt Co. Md.					
	21. SIGNATURE OF FUNDIAL SPRINCE LI	Jumowall	25	Boal-Warni 111 Church							
CERTIFICATION	23. PART I. Enter the diseases, or complications that seused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 1111 Church St. Westernport, Md. 21562 Approximate interval Between Onset and Death Due To (or As A consequence of):										
PHYSICIAN: MEDICAL CI	PART II. Other significent condition	ns contributing to deeth bu	t not resulting in the e	underlying cause given l	Part I. 24a. WAS AN AL PERFORMI 1 YES 2	ED? AVAILABLE PRIOR TO					
CIAP	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1 07.11	26. PLACE OF DEATH (0	theck only one)						
YSI	1 TES 2 NO	1 inpatient 2 ER/Outpe		ursing Home 5 - Residence							
ву рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJ	JURY OCCURED					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Specific	— At home, farm, street, fa	ctory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,					
COMPLETED	(0000000000)	ER: On the basis of axamination				er as stated. due to the cause(a) and manner as stated.					
TO BE	296. SIGNATE HE AND TITLE OF CENTIFIE	Lylin	H in	D24951	JMBER	29d. DATE SIGNED (Month, Day, Year) ▶ April 4,1990					
	Chang H. Oh, M.D.,		race Suit	e 204, Fr	ostburg, Md.	. 21532					
	APR 16 1990 4	32 REGISTRAR'S SIGNA	URE								

_	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT CERTIFICATE	-	
_	COCOCCIO ALABET (CL.) ACLICA L.			

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last E'1)	mest L .	Edwards	3		MONTH	0F 0EATH DAY	,	YEAR 3.	2:19AM M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	NO.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Pay Year 5	8	Country)	CE (State or Foreign	
9a. FACILITY NAME (If not institution, give	street and number)	98	L CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH				
Maryland General	al Hospital	Baltimore City								
10e. STATE 10b. COUN	ТҮ	10c. CITY, T	10d. INSIDE CITY LIMITS?							
MD		BALI		CITY					YES 2 NO	
100. STREET AND NUMBER 1616 DIVISIO	N STRFFT		10	21217			_	N OF WHA	T COUNTRY?	
11. MARITAL STATUS	12. WAS DECEOENT EVER I			ENOENT OF HISPAN			or No— 1	4. RACE —	American Indien,	
3 ☐ Widowed 4 ☐ Divorced	FORCES? 1 YES			ecify Cuben, Mexicar 2 CNO Specify.		ican, etc.)		Specify:	hite, etc.	
15. OECEOENT'S ED	UCATION	16a. DECEDENT'S US	UAL OCCUPATION	ON	18b.	KIND OF BUS	INESS/INDU	STRY	BLACK	
(Specify only highest gra-	College (1-4 or 5+)	(Give kind of work life. Do NOT use re		est of working						
6th Grade		Unemplo	pyed							
17. FATHER'S NAME (First, Middle, Last)	A			16. MOTHER'S NAI	ME (First, M	liddle, Maiden S	,	LLID	1 V	
MILTON 190. INFORMANT'S NAME (Type/Print)	EWWARDS	Frank transfer		MARY		01. 7			A 1	
	ARDS			and Number or Rural R ION $ST \cdot /$				11.	217	
2000 METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITE			2112		ATION - CI			
Y Burlei 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	vester place)	STAR (CEMETERY	7	CAT	ONSV	ILLE	, MD	
21. SIGNATURE OF FUNERAL SERVICE	ICENSEE & Colo			MARCH		. 110	1 E.	NOR	TH AVE.	
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Chronic a	isorder A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):							Onset end Death	
PART II. Other significant condition Schizophrenia	ons contributing to death	but not resulting in	the underlyin	g cause given in		24a. WAS AN PERFOR	MED?	Al-	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION DF CAUSE DEATH? WYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				LACE OF OEATH (Che	eck only on	e)				
EXAMINER? XX YES 2 NO	HOSPITAL: 12∰npatient 2 ☐ ER/Out		THER:	ne 5 🗆 Residence	6 🗆 Other	r (Specify)				
27. MANNER OF DEATH XX sturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y W	JURY AT DRK? YES 2 NO	28d. OES	CRIBE HOW II	JURY OCCU	JRED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR	Y — At home, farm, stre	et, factory, offi	ו	28f. LOC. City	ATION (Street a or Town, State)	et and Number or Rural Route Number, te)			
One)	SICIAN: To the best of my know									
AND REDUCAL EXAMINENT On the basis of seminal should investigation, in my opinion, death occurse at the time, date and place, and due to the cause(e) and menner se stated										
30. NAME AND ADDRESS OF PERSON O	pall y	T //	int	OCME				-9-9		
MARIO F. GOLLE			1000	et,Balti	more	,MD 21	201		V	
31. DATE FILEO (Month, Day, Year)	22 DECEMBER OF		4							

		sit permit. Pages 1, 2, 3 should	
DALLIMORE, MARTLAND 21203-3140	ter death. Page 6 may be retained by the hospital or attending physicia	the funeral director, page 5 should be detached for use as the burial-trowal.	al examiner must be notified at once.
DIVISION OF VILAL RECORDS, P.O. BOA 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M		ERTIF	ICATI	E OF	DEAT	ГН		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) PEARL	DVBKEE	R DAVIS	F	DWAR	ng			2. DATE O MONTH April	7, I	990	YEAR	1	AE OF DEAT	А м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER		IF UNDER		7. DATE O	F BIRTH	770		HPLACE	(State or For	
	155 01 7524	1 🗆 M 2 💢 💢 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.	17, 1	908	Mar	yla	nd	
	9e. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH						9c. COU	NTY OF	OEATH		
DIRECTOR	Pine Bluff Retire	ment Comm	nunity		Salisbury					Wicomico					
EC	10e. STATE 10b. COUNTY	1		19c. CITY, TOWH OR LOCATION						10d. INSIDE C LIMITS?			NSIDE CITY		
	Maryland Wicom	ico		Sal	isbu	ry								YES 2	но
FUNERAL	10e. STREET AND NUMBER						. ZIP COD							OUNTRY?	
NE NE	1514 Riverside Dr.	IVE	TEVED BUILD AD	MED	140		1801		IIO OBIOINO	(Specify Yea		S.A.		serican India	
	1 Never Merried 2 Merried	FORCES? 1	YES 27	NED.		It yes, spe	ecify Cube		n, Puerto Ri		DI NO.	Blac	ck, White	e, etc.	n,
B	3 🛱 Widowed 4 🗌 Divorced	II TES, GIVE W	AN ON DAIES			1 🗆 163	2 M NO	эрвигу				Spe	W.	hite	
밀	15. DECEOENT'S EDU (Specify only highest grade		/G	CEDENT'S	work done	CCUPATIO	ON st of worki	ng	16b. I	KIND OF BU	SINESS/IND	USTRY			
Ë	Elementery/Secondary (0-12)	College (1-4 or 5 +)	sewi		o+ho	~		Fa	mily					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		I nou	sewi	re/m	othe		HER'S NA	_	ddle, Maiden	Surname)				
		С.	Par	ker			Pea		,		,	Ch	iess	er	
TO BE	19e. INFORMANT'S NAME (Type/Print) 30	9 N. Mair	1 St. 194	b. MAILING	ADDRES	S (Street e	nd Numbe	r or Rural f	Route Numbe	r, City or Tow	n, State, Zip	Code)			
F	Shirley Martin Be	rlin, MD							Berli	n, MI		1811			
	20e. METHOD OF DISPOSITION XIX Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE other pla	aca)			•	matory or			CATION —	•	Town, Sta	ate	
	4 Donetion 5 Other (Specify)	CENSEE	Sunse	t Me				SS OF FA	CILITY		lin,		ng S	t	
	· 212	B. 1			Bu	rbag	e Fu	nera	1 Hom					2181	1
- 0	11 JACK	Just life	22. NAME AND ADDRESS OF FACILITY 108 Williams Burbage Funeral Home Berlin, MD												
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory srrest, shock, Dr heart failure. List only one cause on each line.										ite				
	shock, or heart failure.	List only one cau	se Dn each line							ac or resp	iratory sn	rest,	1	Interval Be	tween
	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	List only one cau								ac or resp	iratory sri	rest,	1		Desth
	shock, pr heart failure. IMMEDIATE CAUSE (Finel	ATHER	se Dn each line	1011	c t					ac or resp	iratory sm	rest,	1	Interval Be Onset and	Desth
NO	shock, pr heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ATHER DUE TO	OF AS A CONSE	OUENCE C	C /					ac or resp	iratory sri	rest,	1	Interval Be Onset and	Desth
ATION	shock, pr heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate	ATHER DUE TO	ose on each line	OUENCE C	C /					ac or resp	iratory sri	rest,	1	Interval Be Onset and	Desth
IFICATION	shock, pr heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione,	ATHER BUE TO B. DUE TO	OF AS A CONSE	OUENCE C	C					ac or resp	Iratory sri	rest,	1	Interval Be Onset and	Desth
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CAL	shock, pr heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ATHER BUE TO B. DUE TO DUE TO DUE TO	OR AS A CONSECUTOR AS A CONSE	OUENCE C	OF):	1 841		DISE	Part I.	24a. WAS AN	I AUTOPSY RMEO?		Ib. WERE AVAIL.	Interval Be Onset and Y & A (1)	NDINGS
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BY PHYSICIAN: MEDICAL	shock, pr heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide S Could not be determined	AT H CA S. DUE TO b. DUE TO c. DUE TO d	OR AS A CONSECTION OF INJURY AT A CONSECTION	QUENCE COUENCE	OFFI: OFFI: OFFI: OTHE 4 Nu ME OF JURY M attreet, fac	26. PI R: rsing Horr 28c, INJ ctory, office	g ceuse LACE OF I No 5 VA NURY AT PRK? YES 2 [given in DEATH (Chr. esidence	Part I. eck only one 8 Other 28d. DESt. City o	24a. WAS AN PERFOIL 1 YES : (Specify) CRIBE HOW TION (Street r Town, State	I AUTOPSY RMEO? 2 NO INJURY OC	24 24 CURED TO Rura	Ib. WERE AWAIL. COMPOF DE 1 If Route N	Interval Boonset and Y & Art O State of the Art O S	NDINGS TO AUSE
E COMPLETED BY PHYSICIAN: MEDICAL	shock, pr heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	AT H CA S. DUE TO b. DUE TO c. DUE TO d	OR AS A CONSECTION OF INJURY AT A CONSECTION	QUENCE COUENCE	OF): OF): In the u OTHE 4 Nu ME OF JURY M atreet, fact	26. PI R: rsing Horr 28c, INJ ctory, office	g ceuse LACE OF I THE S VA SHEET S VA THE	given in DEATH (Chr. esidence NO e, end due ered at the	Part I. eck only one 8 Other 28d. DESt. City of to the ceut time, date of	24a. WAS AN PERFOIL 1 YES : (Specify) CRIBE HOW TION (Street r Town, State	I AUTOPSY RMEO? 2 NO INJURY OC end Number	24 CCURED or or Rura sted. the couse	ib. WERE All COMPORTS 1 Route N e(e) end c	Interval Boonset and Y & Art O State of the Art O S	NDINGS TO AUSE
COMPLETED BY PHYSICIAN: MEDICAL	shock, pr heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 1 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	AT HER BUE TO B. DUE TO C. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O building.	GOR AS A CONSECTION OF INJURY AND YEAR OF INJURY AN	QUENCE COUENCE	OFF: OFF:	28. PI R: reling Hom 28c. RNJ 1	g couse LACE OF E THE S TA STURY AT THE S THE	given in DEATH (Ch eeldence no e, end due red at the EENSE NUI 2.3 3	Part I. eck only one 8 Other 28d. DESC to the ceur time, date of	24a. WAS AN PERFO 1 YES: (Specify) CRIBE HOW TION (Street or Town, Street	I AUTOPSY RMEO? 2 NO INJURY OC end Number and due to ti	24 24 CCURED r or Rura ted. he ceused E SIGNER	ib. WERE All COMPORTS 1 Route N e(e) end c	Interval Boonset and Y & A (1) AUTOPSY FI ABLE PRIDER LETION DF CEATH? YES 2 1	NDINGS TO AUSE

BALTIMORE, MARYLAND 21203-3146	er death. Page 6 may be retained by the hospital or attending physic	the funeral director, page 5 should be detached for use as the burial
	rs aft	10
	3	led i
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within drs after death. Page 6 may be retained by the hospital or attending physic	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-

nding physician. as the burlal-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE O)F	MARYLAND /	DEPARTMENT	0F	HEALTH A	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	0	F DEAT	H		REG. NO.

	FOR STATE REGISTRAR			NT OF HEALTH AND M	MENTAL HYGIENE REG. NO.	
i	1. DECEDENT'S NAME (First, Middle, Last) Anna Mary Feel				2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATN AM
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (in yrs.	S YRS. MONT	S 550 S750 548	7. DATE OF BIRTN (Month, Day, Year) 6 24 1921	BIRTNPLACE (State or Foreign Country) Maryland OUNTY OF GEATN
RECTOR	FIGURE OF DECEMENT 108. STATE 105. COUNTY		l Ctr.	HY, TOWN OR LOCATION OF OE Baltimore N OR LOCATION	AIN 9c. C	10d, INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Maryland 100. STREET AND NUMBER 708 S. Conklin	g St.	Balti	101. ZIP CODE 21224		1 ⊠ YES 2 □ NO CITIZEN OF WHAT COUNTRY? U.S.A.
B	11. MARITAL STATUS 12. 1 Never Merried 2 Merried 2 Merried 2 Divorced	. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	(☐NO	13. WAS DECENDENT OF NISPAN If yea, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Ricen, etc.)	- 14. RACE — American Indien, Black, White, etc. Specity: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade communication) Elementary/Secondary (0-12) COMMUNICATION CO	ON 15a. pleted) ollege (1-4 or 5+)	DECEDENT'S USUA (Give kind of work de life. Do NOT use retin	ne during most of working d.)	18b. KINO OF BUSINESS/	INDUSTRY
BE CO	17. FATHER'S NAME (First, Middle, Lest) Anthony Thomas			Marga	ME (First, Middle, Maiden Surname aret Nichols	5
2	190. INFORMANT'S NAME (Type/Print) Thomas Feehely 20a. METHOD OF DISPOSITION	I an au	708 S.	IESS (Street and Number or Rural I Conkling St (Name of cometery, cremetory or	.Baltimore	Md. 21224
	1 Burial 2 Cremation 3 Removal 4 Donetton 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENS	from State other Sac:	red Hea:	t of Jesus	Cem. Balt:	imore Co. Md. Zeiler, Inc.
	· Catherine	-4	ر ا	700 S. Conkl	ling St. Ba	lto.,Md. 21231
	23. PART I, Enter the diseases, or com abock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)		ilne.	. /	n ea cerdiec or reepiratory	arrest, Approximate Interval Between Onast end Death
FICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Hy parter BUE TO (OR AS A COM his tony of	NSEQUENCE OF):	ette use		
CERTIF	that initiated events resulting in death) LAST	OUE TO (OR AS A CO	NSEOUENCE OF):			
PHYSICIAN: MEDICAL	PART II. Other significent conditions of	ontributing to deeth but n	ot resulting in the	underlying couse given in	Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO
CIAN		OSPITAL:	OT	26. PLACE OF DEATH (Ch	eck only one)	
BY PHYS	1 VES 2 NO 11 27. MANNER OF DEATN 1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 ☐ Other (Specify) 28d. OE\$CRIBE HOW INJURY	OCCUREO
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — / building, etc. (Specify)	At home, farm, street,	factory, office	281. LOCATION (Street end Nun City or Town, State)	nber or Rural Route Number,
COMPLETED	cond only			he time, date and place, and due my opinion, death occured at the		stated, to the ceuse(a) and manner ea stated,
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Brown	NO	29c. LICENSE NU	375€ ≥9d.	DATE SIGNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C	MAI MO	3411 B	ent St Balt	Lowered. 21	406
	APRI 6 19	32. REGISTRARIE SIGNATUI	RE MICHAN AGAR	esc.		,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	24 hours after death. Page 6 may be retained by the hospital or attending y filled in by the funeral director, page 5 should be detached for use as the tion, or removal. The medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPAR				AENT	AL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	FOLGER	2 Sr	_			2. DAT	6 6		YEAR	3. TIME OF DEATH	
Ì	4. SOCIAL SECURITY NUMBER 5. SI		yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		BIRTHE	PLACE (State or Foreign	
	- 1-01	M 2 □ F 8		7	DAY8	HOURS MIN.	(Mo	nth, Day, Year) 1/3/10		Country		
	9a. FACILITY NAME (If not institution, give street ar			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNT	TY OF DE	ATH	
DIRECTOR	Baltimore Co. Gener	al Hosp.		Ran	dal1	Lstown			Baltimore			
E E	10a. STATE 10b. COUNTY	···	10c. CIT	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
	Maryland Balti	more		Randa					1 TES 2 NO			
FUNERAL	Old Court Nursing H	ome			10f.	21133					States	
NS I	11. MARITAL STATUS 12. V	WAS DECEDENT EVER IN	J.S. ARMED			NDENT OF HISPAN				4. RACE	American Indian.	
BY FI		FORCES? 1 YES F YES, GIVE WAR OR DAT				city Cuban, Maxicar 2 Specify		o Rican, etc.)		Specif	, White, etc.	
	15. DECEDENT'S EDUCATION	N T	18a. DECEDENT'S	USUAL OCC	CLIPATIO	N	1	Sb. KIND OF BUS	NESS/INDII	ISTRY	White	
E	(Specify only highest grade compl	leted)	(Give kind of life. Do NOT u	work done du se retired.)	iring mos	t of working		55. Tall 5 5. 50 5.	11200711100			
COMPLETED	12 years		Drafts	man				Westing		е		
8	17. FATHER'S NAME (First, Middle, Last) Edward R. Folger					18. MOTHER'S NAI		Mossba				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street an	rial gue.				Code)		
2	Mrs. Loretta Folge	r				rive Apt					MD 21136	
	20a. METHOD OF DISPOSITION 1 Burial 2XXCremation 3 Removal for	rom State 20b.	other place)			etery, crematory or Cemetery			ation — co		A CONTRACT OF THE PARTY OF THE	
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSE	E //	7			D ADDRESS OF FA	CILITY	1 1100	Jaraw	11, 1		
	* Xtostan	M Lon	Lains			ng Byers Liberty					m 01122	
	23. PART I. Enter the diseases, or comp	licetiona that caused	tha death. Do								Approximate	
	ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death											
	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE	IFI:							Q WIN.	
z	DUE TO (OR AS A CONSEQUENCE OF):											
NT I	Sequentially list conditione, If erry, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
FIC	CAUSE (Disease or Injury											
CERTIFICATION	that initiated events resulting in death) LAST d											
	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
PHYSICIAN: MEDICAL	HYPERTENS	JON, ANG	EMIA					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME											1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				26 DI	ACE OF DEATH (Ch.	ank anh	anal				
SICI	EXAMINER? HO	SPITAL:	tient 3 DOA	OTHER	:	ACE OF DEATH (Chi						
사 사	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Til		28c. INJU			ESCRIBE HOW II	JURY OCC	URED		
BY	1 Netural 5 Pending 2 Accident Investigation			М		rES 2 NO						
區	3 Suicide 6 Could not be 4 Homicida datarmined	28e. PLACE OF INJURY - building, atc. (Special		atreet, facto	ry, office	'		OCATION (Street a ity or Town, State)	nd Number (or Hurel F	loute Number,	
3	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the best of my knowle	dge, death occur	red at the tin	ne, data	and place, and dua	to the	cause(a) and men	ner as state	d.		
COMPLETED	ama!	the beals of examination	and/or investigati	ion, in my op	olnion, de	eath occured at the	time, d	ate and place, and	d due to the	cause(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CARTIFIER	M	8			29c, LICENSE NUI		33	29d. DATE	SIGNEO	(Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEA	TH (ITEM 27) (Typ	e, Print)	٠ ١ ٠	7 -			7 115	2.0	70	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE		rul	STOU	12	, MU.	4115	17.		
	APR1 6 1990	grilia David	son-Aand	082								

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after death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for Jy the furfilled in by and completely fille burial, cremation, executed within 0 the attending physician a Mental Hygiene prior to requires that the death certificate be Health and been s has be Dept. OR ATTENDING PHYSICIAN: The law L DIRECTOR: After this certificate has 2 hours after death with the State Di fitem 28 is marked, or item ? TO THE FUNERAL OF THE FUNERAL DE FIED WITHIN 72 ho

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE THELMA R. REGISTRAR 1 CERTIFICATE OF DEATH FISHER 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FISHER THELMA 90 1301 04 6. AGE (In yrs. last birthday) A SOCIAL SECURITY NUMBER 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 218-20-2459 DAYS HOURS 1 - M 2 F YRS MD 9e. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SHAOU GROVE ADVENTIST HOSPITAL MONTGOMERI ROCKVILLE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY LIMITS? MONTGOMERY ROCKVILLE MD. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20851 USA 931 MAPLE AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 X Merried BY 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION
(Glive kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) HOMEMAKER HOME 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) GLENNA MAE **JENKINS** RAYMOND RUNION 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SAME AS #10 BENJAMIN C. FISHER 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State PARKLAWN CEMETERY ROCKVILLE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
MURIEL H. BARBER FUNERAL HOME 21525 LAYTONSVILLE ROAD LAYTONSVILLE, MD. 2 Chos onimate 23. PART i. Enter the diseases, pr/complications that caused the death. DD npt enter the mode of dying, such as cardiac or reapiratory streat, shock, or heart failure. List pnly one cause on asch line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease Dr Condition 2 Well reaulting in death) QUE TO (OR AS A CONSEQUENCE OF) Atu-CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING colora Aru edel CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PHYSICIAN: MEDICAL PART ii. Other significant conditions contributing to death but not requiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO MAM COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO 25 WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investigation 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide determined 29e. CERTIFIER (Check only Indicate and place) and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE MID 191 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, ROA BOUNDE 15005 100 du 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 6 1990

many with the figure that

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

e retained by the hospital or attending physician.	s 5 should be detached for use as the burial-transit permit. Pages 1, 2,	notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 dust after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is also writen after relating the first or health and Mental Hyriene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	20	1021	U
The second second	1. DECEOENT'S NAME (First, Middle, Last)	artinkle			2. DATE OF DEATH DAY	YEAR 90	3. TIME DE DEATH	A.
	4. SOCIAL SECURITY NUMBER 218-01-4192			UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)/ 9 23/16		PLACE (State or Foreign	ky
TOR	9a. FACILITY NAME (If not institution, give and the state of the state	street and number)	Center 96	Cris Field	ATH	Some	1-	0
DIRECTOR	10e. STATE 10b. COUNT	merset	10c. CITY, TO	own or Location			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	106. STREET AND NUMBER	Highway	<u> </u>	101. ZIP CODE 2 8	7	10g. CITIZEN OF W	PHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVEN LIFE FORCES? 1 1 YES	2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexics 1 YES 2 NO Specif	n, Puerto Rican, etc.)	7 No— 14, RACE Black Specif	- American Indian, White, etc.	
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. OECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSIN	NESS/INDUSTRY	2/11	
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	2	Secre		ME (First, Middle, Malden Su	6	Vaca	
TO BE	190. INFORMANT'S NAME (Type/Print)	GYOSS	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town,	,,,,,,	l mos zie	217
	20s. METHOO OF OISPOSITION 1 Burlal 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State 20t	. PLACE OF DISPOSITIO	N (Name of cometery, cremetory of land Anatomy E	Oc. LOCA	ATION - City or Too Ltimore,	wn, State	
	21, SIGNATURE OF GUNERAL SERVICE L	CULAR		22. NAME AND ADDRESS OF FA	108 Wil	Funeral liams St		
CERTIFICATION	23. PART i. Enter the diseases, or	a. DUE TO (OR AS		anter the mode of dying, and			Approximate Interval Betwoonset and D	
AL	PART II. Other significant condition		elleti lestar)	le underlying cause given in	Part I. 24s. WAS AN A PERFORM 1 1 YES 2	1961/	WERE AUTOPSY FINDS AMALASIE PROOF TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDIC	25. WAS CASE REFERENCE OF DEDICAL. EXAMINERT 1 YES 2 TO 1 Inpetient 2 ENOUTPETEL: 1 Inpetien							
BE COMPLETED	(minute only	IER: On the bests of scamination		at the time, date and place, and due in my opinion, death occurred at the	time, date and place, and		- / /	a.
٥ (James A. Ste	rling. M.D.	P.O. Bo		ield, MD	218173	1/70	
	APR 16 1990 4	lie Bevidson-Rome	1					

3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

LOUISE

GILL

executed within requires that the death certificate be HOSPITAL OR ATTENDING PHYSICIAN: The law

ouise 90 4 JUNE 22, 1911 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER I YEAR IF UNDER 24 HRS. 78 NEW HAMPSHIRE MONTHS DAYS HOURS .002-07-6597 1 M 2 1 YRS permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MONTGOMERY GENERAL HOSPITAL MONTGOMERY DIRECTOR OLNEY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION HIGHLAND 10b. COUNTY 10d. INSIDE CITY HOWARD MD. 1 YES 2 THO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 13950 WAINWRIGHT ROAD USA use as the burial-transit 20777 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 Never Merried 2 X Married 1 TES 2 NO Specify Specify: В 3 Widowed 4 Divorced WHITE COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166 KIND OF BUSINESS/INDUSTRY (Specify only highest grade director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) DOCTOR * HOSPITAL SECRETARY 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at ARTHUR DAVID DOZOIS LEAH SNYDER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PARKER E. GILL 23 ASHTON, MARYLAND 20861 pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20s. METHOD OF DISPOSITION 20c. LOCATION -- City or Town, State must METROPOLITAN CREMATORY ALEXANDRIA, VA. examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY filled in by the funeral MURIEL H. BARBER FUNERAL HOME 21525 LAYTONSVILLE ROAD LAYTONSVILLE, MD. 2 0882 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. 6 Onset and Death IMMEDIATE CAUSE (Finel signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, the disease or condition_ -al DUE TO (OPLAS A CONSEQUENCE OF): reaulting in death) event, other traumatic CERTIFICATION PNEUMON Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 6 injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? 1 TES 2 NO t. of F PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h tem HOSPITAL: OTHER: 1 YES 2 NO ient 2 🗆 ER/Outpetlent 3 🗆 DOA me 5 🗆 Rasidenca 6 🗆 Other (Specify) 4 I Nurs 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO L DIRECTOR: After the hours after death v В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 50 3 Suicide 8 Could not be COMPLETED Item 28 4 Homicide determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL I MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) end menner ea stated. within 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE THE Fled 23 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF 0 (8 PRINCE 8 32 REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

Section 1

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DIVISION OF VITAL RECORDS, P.O. BOX 13149,	contest on stressman puncticities. The law consists that the death rentificate he executed within
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STATE	0F	MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			IENTAL HYGIEI		
1. DECEDENT'S NAME (First, Middle, Last)	ANNA 1	HORZ			2. DATE OF DEATH 2	/12/90_	3. TIME OF DEATH
ANNA HOLZ	ANNA	. HORZ			MONTH 4	12 10	2235° M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	RTHPLACE (State or Foreign puntry)
213-20-7830	1 D M 2 🗶 F 93	YRS.	UATS.	HOURS MIN.	OCT. 17,1	896	MARYLAND
9a. FACILITY NAME (If not institution, give str	·	9b.		R LOCATION OF DE	ATH	9c. COUNTY C	OF DEATH
ST. AGNES HOSPITA	L		BALT	TIMORE			
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
MARYLAND BA	LTIMORE		CATONS	ILLE			1 YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?
112 LONGVIEW DRIV	E			21228		U.S	.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			C ORIGIN? (Specify Y	es or No— 14. F	RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES T		2 XNO Specify.			Specify: WHITE
15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S USU	IAL OCCUPATION	DN	18b. KIND OF B	USINESS/INDUSTI	
(Specify only highest grade of Elamentary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mo tired.)	st of working			
3	, , ,	HOMEMAKEI	R		OWN	HOME	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maide	n Surname)	
EDWARD THOMPSON				ROSE	E. PARRI	ISH	
19a. INFORMANT'S NAME (Type/Print)	Y COMP				oute Number, City or R		AND 21228
MARGARET R. STINC	HCOMB	112 LOI	NGVIEW	DRIVE, CA			
20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remo	vat from State	b. PLACE OF DISPOSITION of the r place) LORRAINE PLACE	N (Name of cer	netery, crematory or		OCATION — City	MARYLAND
4 Donation 5 Other (Specify)		LORRAINE PA		IL LEK I		JULIANN,	TIAKT LAND
) >	P	LEROY	M. & RUS	SELL C. V		UNERAL HOMES
Lugadell	meg.	Re	1630 I	EDMONDSON	AVENUE,	CATONSVI	LLE, MD. 21228
23. PART i. Enter the diseases, or c shock, or heert feilure. I			enter the mo	de of dying, auci	n ea cerdiac or rea	piratory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final							Onset end Deeth
diseese or condition reaulting in deeth)		EAR EDEM	A				2 days
		A CONSEQUENCE OF):	- 60-1	0=			
Sequantielly list conditions,	DUE TO (OR AS	STIVE HEAR	ITAIC	LAPE			
if any, leading to immediate cause. Enter UNDERLYING		AL FAILUR	26				
CAUSE (Disease or Injury that initiated events		A CONSEQUENCE OF):					
resulting in death) LAST	ı				,		
PART II. Other algnificant condition	a contributing to death	but not resulting in t	he underlyin	o cause olven in	Port I 24a WMS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
PART II. Other argumount condition	- Continuating to death	out not readiting in t	na diloerryiii	g cause givan in	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
					1 🗀 YES	2 NO	OF DEATH? 1 ☐ YES 2 ☐ NO
					_		1 1E3 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one)		1 125 2 10
EXAMINER?	HOSPITAL:		THER:				1 123 2 100
	1) Inpetient 2 - ER/Ou 28s, DATE OF INJURY	petiant 3 DOA 4	THER: Nursing Hone F 28c. IN.	ne 5 🗆 Realdence		A INTRA OCCUBI	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending	1 Inpetient 2 - ER/Ou	petiant 3 DOA 4	THER: Nursing Hone F 28c. IN. Y	ne 5 🗆 Rasidenca	8 Other (Specily)	VINJURY OCCURI	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	1 Inpatient 2 ER/Ou 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O INJURY Y — At home, farm, stre	THER: Nursing Hone Value Nursing Hone	Ne 5 Residence JURY AT DRK? YES 2 NO	8 Other (Specily)	et and Number or F	ED
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 N Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY	28b. TIME O INJURY Y — At home, farm, stre	THER: Nursing Hone Value Nursing Hone	Ne 5 Residence JURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Stre	et and Number or F	ED
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2		Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE	TO THE	IMPOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STAT	TE OF MARY	AND /	DEPART	MENT	OF HI	EALTH AND DEATH	MENTA	L HYGIENE			
1. OECEDENT'S NAME (First,	Middle, Last)							2. DATE	OF OEATH			3. TIME OF DEATH
ETHEL PEAR	RT. HAT.T.							MONT	TH DAY		YEAR	7:25P.M. M
4. SOCIAL SECURITY NUMB		6. AGE	(In yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		6. BIRTHP	LACE (State or Foreign
218-18-7816	j 1 □ M		5		MONTHS	DAYS	HOURS MIN.	(Mon	th, Day, Year) 26/1894	4	Virg	inia
9a. FACILITY NAME (If not in:	stitution, give street and n	number)			9b. CITY,	TOWN O	R LOCATION OF D	_		9c. COUN		
Frederick V	illa Nurs	ing Cent	er		C	ator	nsville			Ва	1tim	ore
RESIDENCE OF DEC											101111	010
10e. STATE	10b. COUNTY			10c. CITY,	TOWN O	R LOCATI	ON					IOd. INSIDE CITY LIMITS?
Maryland	Baltimo	re		Ca	atons	svil	le					YES 2 ND
10e. STREET AND NUMBER						10f.	ZIP CODE			10g. CITIZ	EN OF WI	IAT COUNTRY?
1 Britol Hi	ill Court	Apt. 1					21228			U	.S.A	•
11. MARITAL STATUS		DECEDENT EVER					NDENT OF HISPA			or No-	14. RACE	- American Indian, White, etc.
1 Never Merried 2	METTING IF Y	CES? 1 TYES ES, GIVE WAR OR		0			cify Cuben, Mexic 2 NO Speci		Rican, etc.)		Specify	
3 Widowed 4 Divo	rced											White
15, OEC	EDENT'S EDUCATION highest grade completed	an .	/Gh	EDENT'S U	ork done d		N t of working	16	b. KIND OF BUSI	NESS/INDU	ISTRY	
Elementary/Secondary (0		e (1-4 or 5+)	Ille.	Do NOT use	retired.)							
5th grade			Te	extil	e Wo	rkeı	-		Mil	L1		
17. FATHER'S NAME (First, M.	iddle, Last)						18. MOTHER'S N			Surname)		
William T.	Hitt						Mary F	. Je	nkins			
19a, INFORMANT'S NAME (7)	iype/Print)		19b	MAILING	ADDRESS	(Street an	d Number or Rural	Route Nun	nber, City or Town,	, State, Zip	Code)	
Gloria Grin	nm			Bri	sto1	Hi l	ll Court	Ant	. 1 Bs	altim	ore	MD 21228
20e. METHOD OF DISPOSITI		21					etery, crematory or			ATION C		
1 Donation 5 Other	n 3 - Removal from		other pla	ce)	,		netery					y, MD
21. SIGNATURE OF FUNERA		, 1	GOOd	Jilep			D ADDRESS OF F	ACILITY	1 1111	LCOLL	OIL	y, IID
. 1	101	///					d Funer		lome. Ir	ic.		
2/20	PN.	1	1				Vilkens				, MD	21229
23. PART I. Entar the di												Approximata
shock, or h	aert failure List only	y one cause on	eech ilne.	77927	ĺ		. 1	0				Interval Between Onset and Death
disease or condition_	nai	C		D	1/10	7	- L'I	1	e dis			2 40
reaulting in death)	7 a	DUE,TO (OR AS	ACONSEC	UENCE OF	PUL	ay	jas					mening
	//	0.1.	.0.	-O.	1.		· nous	0.	1		2	İ
Sequentleily list conditi		DUE TO (OR AS	A CONSEC	UENCE OF):	nge	to we		7 au			1
If any, laeding to Imme- cause. Enter UNDERLYI		A STATE OF THE STA			•							
CAUSE (Disease or inju		DUE TO (OR AS	A CONSEQ	UENCE OF);							+
that initiated events resulting in death) LAS	т											
	d											
PART ii. Other significa	ent conditions contri	buting to death	but not n			derlying	cause given in	Part i.	24a. WAS AN /			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
alva	need sh	cumst	oral	art	Fint	g'			1 TYES 2			COMPLETION DF CAUSE
									10.150 17	A	- 1	DF DEATH? 1 YES 2 ND
·												I I IES 2 I IND
25. WAS CASE REFERRED T	n MEDICAL T					26.01	ACE OF DEATH (C	hank oak-	l nnel			_
EXAMINER?	HOSE	PITAL:			OTHER	1:			un meer			
1 TYES 2 NO		patient 2 ER/Ou			4 Nun	ing Home	5 Residence					
27. MANNER OF DEATH		Month, Day, Year,		28b. TIME		28c. INJI WO		28d. DI	EŞCRIBE HDW IN	JURY OCC	URED	
1 Netural 5 2 Accident	Pending Investigation				M	1 🗌 Y	ES 2 NO					
2 - Culate		e. PLACE OF INJUI	TY - At hor	me, farm, s	treet, fact	ory, office)	26f. LO	CATION (Street as	nd Number	or Rural Ro	oute Number,
	Could not be	building, etc. (Sc										
4 Homicide	Could not be determined	building, etc. (Sc	,					1				
29a. CERTIFIER	determined	building, etc. (Sp		eth occurre	d at the ti	me, data	end place, end du	e to the c	ause(e) end men	ner ee siste	ıd.	
29a. CERTIFIER (Check only	determined TIFYING PHYSICIAN: To	building, etc. (S)	wiedge, de									end manner as stated.
29a. CERTIFIER (Check only one) 1 CERT MED	Could not be determined TIFYING PHYSICIAN: To HCAL EXAMINER: On the	building, etc. (S)	wiedge, de				eath occured at th	e time, da		d due to the	ceuse(e)	
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29a. CERTIFIER (Check only one) 2 MED 29b/ MAME AND ADDRESS O	COULD NOT BE determined TIFYING PHYSICIAN: TO ICAL EXAMINER: On the OPERSON WHO COMPLETED	the best of my knoe basis of axaminat	wiedge, de lon and/or i DEATH (ÎTEI 404]	D (Type,	n, in my o	pinion, d	eath occured at th	JMBER	te end place, end	29d. DATE	ceuse(e)	

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BALTIMORE, MARYLAND 21203-3146

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	FOR STATE REGISTRAR	STATE OF MARYLAND		TIMENT OF			GIENI G. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE				TIME OF DEATN
	HATTIE VICTORIA	WOODFIN HEFFLE	R			MONTH	DA	9	Ö	7:508"
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TIN	6. (BIRTNPL	ACE (State or Foreign
	217 12 7030	1 □ M 2xxF 70	YRS.	MONTHS DAYS	HOURS MIN.	2/11/	20	V	irgi	
_	9a. FACILITY NAME (If not institution, give street	,			OR LOCATION OF D			9c. COUNTY		
10 B	Baltimore County (General Hospit	al	Ran	iallstown			Ва	ltin	nore
	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10	d. INSIDE CITY
DIRECTOR	Maryland Carro	011		Eldersb	erg				1	LIMITS?
A	10e. STREET AND NUMBER				Of, ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
FUNERAL	6311 Georgetown B	lvd. Apt. E			21784			U.S	.A.	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.			CENDENT OF HISPA			or No 14.		American Indian,
BY F	11. MARITAL STATUS 1 Never Married Separated 3 Wildowed 4 Divorced	FORCES? 1 TYES 2 TIF YES, GIVE WAR OR DATES	3810		specify Cuban, Mexico S 2 NO Specif		etc.)		Specify:	White
	15. DECEDENT'S EDUCA	TION 16a.	DECEDENT'S	USUAL OCCUPAT	TION	16b. KIND	OF BUS	INESS/INDUST		
	(Specify only highest grade co	Collage (1-4 or 5+)	(Gilve kind of life. Do NOT u	work done during i se retired.)	nost of working					
COMPLETED	High School		Cante	ne Work	er	Am	eri	can Le	gior	1
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle,			0	
	Joseph Woodfin					a Eliza			2 T	
B	19s. INFORMANT'S NAME (Type/Print)		105 MAILING	Annese /Stree	t and Number or Rural					
2	S. Wayne Heffler			Downto		altimor				21227
	20s. METHOD OF DISPOSITION	20b Bl 4/			remetery, crematory or			CATION - City		
	1 X Buriel 2 Cremation 3 Remov	al from State other	place)							
	4 Donation 5 Other (Specify)		dowri		orial Par		LIK	ridge,	mar	утапо
	· levesa 7	L Golf	6	Hubb	ard Funer Wilkens	al Home	-		Md.	21229
	23. PART I. Entar the diseasee, or co	mplications/that/caused/tha	daeth. Do							Approximate
	shock, or haart feliure. Li	st only one cause on each ii	na.							intarval Between Onset end Daath
	iMMEDIATE CAUSE (Final disease or condition	Day to	. /.	1						Onset end bauti
	reaulting in death) a.	DUE TO (OR AS A CONS	A JUL	(WILL)						
_1			/	,						İ
CERTIFICATION	Sequantially list conditions, b.	DIE TO (OR AS A CONS	SEOUENCE O	OF):						1
AT	if any, leading to immediate ceuse. Enter UNDERLYING	CAPA								ļ
유	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	SEQUENCE O	OF):						+
E	resulting in death) LAST									
핑	d.									
	PART II. Other significent conditions	contributing to death but no	t resulting	in the underly	ing cause given in		WAS AN	AUTOPSY		ERE AUTOPSY FINDINGS
0	acute renal	failure					YES 2		0	MAILABLE PRIOR TO OMPLETION OF CAUSE
	/					``				F DEATH?
2	_									_ 165 1 _ 110
AN	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH (C	heck only one)				
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	2 🗆 004	OTHER:						
7	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TH		ome 5 Residence	28d. DESCRIB		MILIEN OCCUE	ED	
	1 Natural 5 Pending	(Month, Day, Year)	IN	JURY	WORK? YES 2 NO	200.0200.00				
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — At	home, farm.			28f. LOCATION	(Street)	and Number or	Runal Ana	te Number
	4 Nomicide 8 Could not be	building, etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,			City or Tow			100	Trained,
COMPLETED	29s. CERTIFIER									
N N	(Check only	IAN: To the best of my knowledge,								
0	2 MEDICAL EXAMINER	On the basis of examination and/	or investigat	ion, in my opinion	, death occured at th	e time, data and p	place, an	d due to the c	nuse(s) s	nd manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	9			29c. LICENSE NU	IMBER		29d. DATE S	GNED (A	fonth, Day, Year)
9	4 1200000 11/4								4/11	149
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I	TEM 27) (7/0	e. Print)						

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

30. NAME AND ADDRESS OF PERSON WNO COMPLETED STATES OF PERSON

Randallstown, Md

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irector,		ZIT WITE
funeral d		yamine
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filled	ion, c	the n
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	iai, cremat	- marked or item 22 shows any injury or other fraumatic event the medical evaminer must be notified at one
Pu	ğ	atile
ysician a	prior to	fraum.
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permit. Pages 1, 2, 3 should

	FOR 1 - STATE		STATE OF M	MARYLAN	ND / DEPA CERTIF					MENTA		E	90	10213
	REGISTRAR 1. DECEDENT'S NAME (First	Adiaballo (mat)			CERTII	ICAI	E OF	DEA	ın	A DATE	REG. NO.			3. TIME OF DEATH
		, MIOGIE, Last)	77							MONT	OF DEATH		YEAR	3. TIME OF DEATH
	Thomas		Z .		Hic			1)	90	4140 A"
- 1				6. AGE (In)	yrs. lest birthdey,	MONTHS	DAYS	HOURS	R 24 HRS.	7. DATE (Mont)	of BIRTH h, Day, Year) -26-1	_	6. BIRTH	IPLACE (State or Foreign MD
	216-05-15		21 to M 2 □ F		YRS.						-26-1			
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			96. CIT	Y, TOWN	OR LOCAT	ION OF DE	EATH		9c. COU	NTY OF E	DEATH
Ö	Maryland	Gene	ral Hos	pita]	1	Ba.	ltir	nore	Ci	ty				
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY					TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
<u>E</u>	MD					ALTI			τπν					LIMITS?
	10e. STREET AND NUMBER				D	AUII		. ZIP COD				10- CIT	176N OF 1	WHAT COUNTRY?
RA							"	0.00	100				USA	MILLI COONTAT?
FUNERAL	2733 MOSH	ER SI	12. WAS DECEDEN	* Frien in	0 101150	1.00	WW.0. D.E.	212						
2	1 Never Married C 20 20	Married	FORCES? 1	YES	27 NO	13.	If yes, sp	ecify Cub	an, Maxica	n, Puerto	t? (Specify Yea Rican, etc.)	or No-	14. FIAC	E — American Indian, k, White, etc.
В	3 Widowed 4 Divo		IF YES, GIVE V	AR OR DATE	EŠ		1 TYES	2 (J) NO	Specifi	y:			Spec	BLACK
	15. DEC	EDENT'S EDU	CATION	1	6e. DECEDENT	S USUAL C	CCUPATI	ON		181	. KIND OF BUS	INESS/IN	DUSTRY	
E I	(Specify onli Elementary/Secondary (I	y highest grade	completed)		(Give kind o	work done	during mo	at of work	ing	100	. Kill of box	/IIICOO/III	DOUTH	
7	6th Grade		College (1-4 or 5	"	PENN	R	R			- 1				
COMPLETED	17. FATHER'S NAME (First, M				1 11111	• 11.	21.	18: MOT	THER'S NA	ME (First	Middle, Maiden	Sumamal		
	ROBERT		HICKS					MA					LAS	
H	19a, INFORMANT'S NAME (Noe/Print)	HICKD		19b. MAILIN	G ADDRES	S (Street			Pouto Num	ber, City or Tow	~ _		
2			HICKS								ALTIM			21216
	MARQUERI 200 METHOD OF DISPOSIT		птско	20b. P	LACE OF DISP					/ D		CATION -		
	1 Burial 2 Crematic	on 3 🗆 Rem	oval from State	0	ther place) $RYLAN$					0 T/		REL		
	4 □ Donation 6 □ Other (Specify) MARY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE								ESS OF FA		DAU	пып	9 4	I D
	Λ. ο	0				"								
	23. PART i. Enter the d	200	Wan											ORTH AVE.
CERTIFICATION	shock, pr heert feliure. List only pne cause pn each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Set psis Due to (or as a consequence of the umo) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						ence of:					Interval Between Onset and Death		
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to death but not re					uiting in the underlying cause given in			Part I.	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 20 -NO		241	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AIC	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL				1		LACE OF	DEATH (Ch	eck only o	ne)			
SK	1 YES 2 NO		HOSPITAL:	☐ ER/Outpati	ient 3 🗆 DOA	4 Nu		ne 5 🗆 F	Rasidence	6 🗆 Oth	er (Specify)			
H	27. MANNER OF DEATH		26a. DATE Of (Month, I			IME OF	28c. IN.	JURY AT		28d. DE	SCRIBE HOW I	NJURY O	CUREO	· · · · · ·
BY F	1 Natural 5 🔯	Pending Investigation	(arown), t	ray, roar)		M		YES 2	□ NO					
	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At hon building, atc. (Specify)					, atreet, fa	ctory, offic	ia .			CATION (Street or Town, State)		or or Rural	Route Number,
COMPLETED	COROCK DINY		ER: On the basis of								* *			a) and manner as stated.
	29b. SIGNATURE AND THE	E OF CERTIFIE	R ()					29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNE	O (Month, Day, Year)
BE (Damel	ATH	the	>					NI	14		D 4	4/10	190
10	JAMA	F PERSON WI	HO COMPLETED CAL	SE OF DEAT	H (ITEM 27) (Ty	pe, Print)	c/	о м	ary.	land	Gene	ral	Но	spital
	31. DATE FILEO (Month, Day,		32. REGISTR	AR'S SIGNAT	URE Sevidson	Pande	W_					2		

DHMH-16 Rev 1/89

/	6	ages 1, 2, 3 should		
BALTIMORE, MARYLAND 21203-3146	ws after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should becate of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 6 may be retained by the hospital or attending physician.	(TO THE FUNCRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the func be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Leat)	1 11 11			2. DATE OF DEATH DO	" 90"	SAR 3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER 241-44-8041	5. SEX 6. AGE (In yrs. leet birthday 1 M 2 F 55 YRs.	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	and C	BIRTNPFACE (State or Foreign Country) NEW YORK
OR	Bowie Hea	1th Center		OR LOCATION OF DE	ATN	PRINC	OF DEATH CE George
DIRECTOR	10a. STATE 10b. COUNTY DE NEW	0 11	ELS	TION MERE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER	AVE.		ZIP CODE	305	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		ecify Cuban, Maxica	IIC ORIGIN? (Specify Year, Puarto Rican, atc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: U) 6 : 4e
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (Give kind of life. Do NOT	'S USUAL OCCUPATION work done during mo use retired.)	st of working	16b. KIND OF BU		-
COMPLET	12th	NAI	NTENAN		• 1		ile Ind.
ш	17. FATNER'S NAME (First, Middle, Last) Milton C.	HULTS			ME (First, Middle, Melden	Sumame) ENIS	SON
TO B	PHYLLIS M. CA	RROLL 280	NG ADDRESS (Stroot a	nd Number or Aural I	Poure Number, City or Towniea Ests,	. 1	19720 25tle, DE.
	20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramoval from Stale 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, State other place) 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or other place 10c. Kessin Crematory or ot						
	21. SIGNATURE OF PUNITAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EN PUNERAL HOME						
	HARVEY C. SHITH, JR. 1000 N. DU PONT PKWY. NEW CASTLE, DE						
	shock, or heart failure. List only one cause of each line.						Interval Between Onset and Death
_	DUE TO FOR AS A CONSEQUENCE OF):						
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING						
RTIFIC	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d						
AL CE	PART II. Other significant condition	a contributing to deeth but not resulting		g cause given in	Pert i. 24a, WAS AP		24b. WERE AUTOPSY FINDINGS
EDICA	PERFORMED? AVAILABLE PRIOR TO						COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDIC		10					1 TYES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	LACE OF DEATN (Ch	eck only one)		
HYS	1 Ses 2 No	1 Inpatiant 2 ER/Outpatient 3 DOA 26a. DATE OF INJURY 26b. T		URY AT	6 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCUR	NED .
ВУ Р	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY WO	YES 2 NO			
	3 Suicide 6 Could not be 4 Nomicide detarmined	26a. PLACE OF INJURY — At home, farm building, stc. (Specify)	n, atreet, factory, offic	e e	261. LOCATION (Street City or Town, State	and Number or (Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and menner as stated. 2 SEMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and menner as stated.						
BE	29b. SIGNATURE AND TITLE OF CHARLES	munummo		290. LICENSE NUI		29d. DATE S	IGNED (Month, Day, Year)
2		O COMPLETE CAUSE OF DEATH (ITEM 27) (7)		l .			
	31. DATE FILED (Month, Day, Year)	iguez, M.D. 5009	Raybur	n Ct.,	Camp Spr	ings,	MD 20748
	APR 1 6 1990 44	in their dam Birdall					

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.
		C DE ATU

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DA		3. TIME OF DEATH	
					APRIL 11	4	12:14 P M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A 2 4 3 2 0 -5556 1 1 M 2 ロ F			UNOER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign unitry)	
	9e. FACILITY NAME (If not institution, give street and number)	91	. CITY, TOWN OR	OCATION OF OEA	NTH	9c. COUNTY O	F DEATH	
O.	THE JOHNS HOPKINS HOSPITAL		BALTIN	ORE		BALTI	MORE CITY	
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 108. STATE 108. COUNTY 109. CITY, TOWN OR LOCATION 109. CITY, TOWN OR LOCATION 109. CITY, TOWN OR LOCATION						LIMITS?		
FUNERAL	100. STREET AND NUMBER 738 N. Patterson P	K. AVE	101. ZI	1205		10g. CITIZEN O	F WHAT COUNTRY?	
N I	11. MARITAL STATUS 12. WAS DECEDENT EV	ER IN U.S. ARMEO			C ORIGIN? (Specify Yes	or No— 14. R.	ACE — American Indien,	
ВУ Б	1 Never Merried 2 Merried FORCES? 1 5 IF YES, GIVE WAR C		1 Tyes, specij		, Puerto Ricen, atc.)	1.30	pecity: BLACK	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION done during most of	f working	16b. KIND OF BUS			
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+)	##e Do NOT use n	(iradi.)	Working	moddl	PloN	* MEAd	
M	17. FATHER'S NAME (First, Middle, Last)			MOTHED'S NAM	AE (First, Middle, Maiden	Cumamal		
	MATT HARRIS			HALL				
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and		oute Number, City or Tow	n, State, Zip Code;		
임	ELIZATETA HARRIS	738	n. PI	effers		ea below	alt me/2 1205	
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, crametory or location - City or Town, State other place)							
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE (7)	11074/5V/	1/8 SA	ADDRESS OF FAC	BLITY		1 /0	
i e	Sough to tack	· Jr	Locke.	Turing	Home 13	04 n (Entire Cop	
	23. PART I. Enter tha diseases, or complications that cs shock, or heart failure. List only one cause		antar ths mods	of dying, such	aa cardisc or reap	ratory arrest,	Approximats Interval Between	
	HIMEDIATE CAUGE (EL)		1 2	0 1	5 11 /	~ / 1	Onset and Death	
disease or condition resulting in death) s. Respiratory Afrest 2 to Small Cell Due to (or as a consequence of): Carcinoma of the Lung						-011	10 months	
z	Carcinon a of the Lung							
CERTIFICATION	Sequentisity liat conditions, if sny, isading to immediata cause. Enter UNDERLYING	AS A CONSEQUENCE OF):						
FIC	CAUSE (Disease or Injury C.	AS A CONSEQUENCE OF):						
IH	reaulting in death) LAST				_			
	PART II. Other significant conditions contributing to dea	th but not resulting in	ths undariving o	suss given in F	Part J. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
ICAL					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC							1 YES 2 NO	
ž								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			E OF DEATH (Che	ck only one)			
Sic	1 YES 2 NO 1 Inpetient 2 ER		THER:	5 - Residence	6 Other (Specify)			
	27. MANNER OF DEATH 28e. OATE OF INJ (Month, Day, V	URY 28b. TIME (Y WORK	7	28d. DEŞCRIBE HOW	NJURY OCCURE		
BY	2 Accident Investigation 3 Suicide 6 Could not be 26e. PLACE OF IN	JURY — At home, farm, stre		2 NO	281. LOCATION (Street	and Number or Ru	real Reside Number	
TED	3 Suicide 6 Could not be detarmined building, etc.		,		City or Town, State,			
P.E	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurred	at the time, date en	d place, end dua	to the ceuse(e) end me	nner ee stated.		
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner se stated.							se(e) end manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			9c. LICENSE NUM			NED (Month, Day, Year)	
	Pen bith offee 11	1. D .		1D D38	653	► 4 - I	11-90	
2	Planth (a) Jee 1 M.D. MD 038653 4-11-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Elizabeth Jaffee Johns Haplains Oncology Center 600 N. Wolfe Battimore, MO 2120							
			7.1 CEW				21205	
	APR7 6 1990	SIGNATURE Pane	Left					

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erti	the	f item 28 is marked, or item 23 shows any injury, or oth
is c	ŧ	ed,
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	t, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
FRANK J	TUGO								APR	IL 12	,199	9 OF AR	8:20 A.	
4. SOCIAL SECURITY NUM	IBER	5. SEX	8. AGE (In)	rs. last birthday,			IF UNDER		7. DATE	OF BIRTH		8. BIRTHPLACE (State or Foreign Country)		
21918221	_6	1 🔀 M 2 🗆 F	61	⊥ YRS.	MONTHS	DAYS	HOURS	MIN.	May	h, Day, Year) 25,1	925		yland	
9a. FACILITY NAME (# not	institution, give s	treet and number)					R LOCATI				9c. COU	INTY OF D	EATH	
CHURCH HOSPITAL CORPORATION BALTIMORE CITY									•	-				
RESIDENCE OF DE 10e. STATE MD .	10b. COUNTY	′ –		10c. C	TY, TOWN C BALT	IMO	RE (CITY	7			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER						101	21.	231			10g. CIT	U.S	what country?	
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dis	Married	12. WAS DECEDEN FORCES? IF YES, GIVE)	YES	2 NO		If yes, sp		nn, Maxica	n, Puarto	N? (Specify Ye Rican, atc.)	a or No—		E — American Indian, k, White, atc.	
	CEDENT'S EDU		1	6a. DECEDENT (Give kind o life, Do NOT	S USUAL O	CCUPATIO	ON ast of worki	ing	188	. KINO OF BU	JSINESS/IN	DUSTRY		
Elementary/Secondary		College (1-4 or 5	+)		use retired.) -Emp					Taver	n Own	er		
17. FATHER'S NAME (First,	Middle, Last)			504.	~ ~~.«I~			HER'S NA		Middle, Maide				
		ngo Bertha Marecki						i						
19a. INFORMANT'S NAME	(Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
Frank Jugo	Jr.		9940 Richmond Ave #1011, Houston, Texas 77042							7042				
20a. METHOD OF DISPOS 1 Durial 2 Cremat 4 Donation 5 COth	iTiON tion 3 - Rem er (Specify) - 11	tomoment	20b. F	LACE OF DISP other place) Stani:	slaus	Cen	metery, cres leter	matory or			ocation – ltimo	•	own, State Saryland	
21. SIGNATURE OF FUNEY	IAL SERVICE LI	CENSEE	1 -		22.	NAME A	NO AODRE	ESS OF FA	CILITY					
IMMEDIATE CAUSE (F	diseases, or heert feliure.	r & Sons complications th List only one ce	et ceused t	the deeth. Do	7	05 S	An An	nn St	h es cer		Md 2	21231	Approximate interval Between Onset and Dea	
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23. PART I. Enter the shock, or iMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially liet condition from the cause. Enter UNDERL CAUSE (Disease or in that infitiated events resulting in deeth) LA PART II. Other signifit 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Acudent 3 Suicident 3 Suicident 4 Homicide 29e. CERTIFIER (Check only)	diseases, or heert feliure. Finei	e. OUE TO b. DUE TO c. DUE TO d	of injury of injury knowled	consequence consequence tonsequence tonsequence tonsequence tonsequence 2005 2005 2006 2006 2006 2006 2006 2006	OF): OF): OF): OF): OF): OFN:	nderlying 28. P	PLACE OF JURY AT ORK? YES 2 ca a and place death occ	given in	Part i. Part i. 28d. Di 28f. LO Chr. a to the ce time, de	24a. WAS A PERFO	Md e 2 piratory e Ches N AUTOPS' PRINCE IN AUTOP	Y 24 CCURED Der or Flura	Approximate interval Betwee Onset and Dea	
23. PART I. Enter the shock, or iMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially liet condition ferry, leeding to immediate. Enter UNDERICAUSE (Disease or inthat initiated events resulting in deeth) LA PART II. Other signification of the significant of the	diseases, or heert feliure. Finel ilitione, rediste ying givery ast condition To MEDICAL Pending investigation Could not be determined ERTIFYING PHYS EDICAL EXAMIN	e. OUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 12 Inpetient 2 28a. DATE C (Morith, 28a. PLACE building SICIAN: To the bests of	et ceused is use on eed of use on eed of open as a co of open as a co of open as a co of open as a co of open as a co of open as a co of open as a co of open as a co of open as a co open as a co open as a co open as a co	Exonsequence Consequence Consequence the not resultin 28b. 1 At home, farm y) dge, death occurrency Light of the consequence Light of the consequence Light occurrence F): OF): OF): OF): OF): OF): OF): United of Nation, in my Of the united at the attention, in my	nderlying 28. P	PLACE OF JURY AT ORK? YES 2 ca a and place death occ	given in DEATH (C. Residence	Part i. Part i. 28d. Di 28f. LO Chr. a to the ce time, de	24a. WAS A PERFO	Md e 2 piratory e Ches N AUTOPS' PRINCE IN AUTOP	Y 24 CCCURED Der or Rural the cause	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea		

	eath.	funer	
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.
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	FOR 1 - STATE REGISTRAR	STATE OF	MARYLA			HEALTH AND F DEATH	MENTA	L HYGIENI REG. NO.	E 3	U	10213	
	1. DECEDENT'S NAME (First, Middle, Last)	GLADYS	RECE	KORD J	ONES		MON	of DEATH			TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-18-8479	5. SEX	8. AGE (in	76 YRS.	MONTHS DAY	HOURS MIN.	7. DATE (Mon	of BIRTH th, Day, Year)	8. E	ountry)	CE (State or Foreign	
TOR	96. FACILITY NAME (If not institution, give street and number) BROADMEAD 9b. CITY, TOWN OR LOCATION OF PEATH COCKEYSVILLE 9c. COUNTY OF DEATH BALTIMOR											
DIRECTOR	100 STATE 100 COUNTY 100 CITY TOWN OR LOCATION 10									1[I. INSIDE CITY LIMITS? XX YES 2 NO	
ERAL	100. STREET AND NUMBER	01 YOR	K ROZ	AD		10f. ZIP CODE	1230		10g. CITIZEN	S.Z		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	I YES	2 NO	If yes	epecify Cuben, Mexic (ES 2 NO Specific	en, Puerto	IN? (Specify Yes Rican, etc.)		Black, W	American Indian, hite, etc. VHITE	
once. COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5	+)	16e. DECEDENT' (Give kind o life. Do NOT		MION most of working EWIFE	16	b. KIND OF BUS		RY		
at once.	17. FATHER'S NAME (First, Middle, Last)	MILTON	Α.	RECKOR		18. MOTHER'S N		J 11 21 22	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) ELIZABETH J.	HERRMAI		150	8 WEST	et and Number or Rural JOPPA	ROAI				204	
must b	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Rem 4 Donetton 5 Other (Specify)			other place)	IN CHR	cemetery, crematory or ISTIAN (CH.C	EM FA		IM I).	
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 H.W. JENKINS AND SONS CO. BALTO. MD.											
nt, the medica	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) Due to (or AS A CONSEQUENCE OF):											
Injury, or other traumatic event, the medical examiner must be notitied at once. TO BE COM	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
AL CE	PART II. Other significant condition	ns contributing to	o daath b	ut not reaultin	g in the under	ying causa given i	n Part í.	24a. WAS AN PERFOR	AUTOPSY RMED?		ERE AUTOPSY FINDINGS WILABLE PRIOR TO	
shows any in								1 TYES 2	NO NO	01	OMPLETION OF CAUSE F DEATH?	
or item 23 YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	□ ED/Oute	nellant 2 DOA	OTHER:	S. PLACE OF DEATH (
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE C		28b. 1	TIME OF 280	Home 5 Residence INJURY AT WORK? YES 2 NO		EŞCRIBE HOW	INJURY OCCUR	ED		
28 IS TED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY g, etc. (Spec	— At home, farr	n, street, factory,	office		OCATION (Street tty or Town, State,		Rural Rou	te Number,	
If item	(Check only	29s. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the ceuse(a) end menner es stated.										
O BE COI	291 SIGNATURE AND TITLE OF CERTIFIC	ones	lel	MA		29c. LICENSE N				- 9-9	lonth, Day, Year)	
1	30. VAME AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print) ROBERT H. WIEDEFELD, JR. 3313 PAPERMILL RD. PHOENIX, MD. 21131											
	31. DATE FILED (Month, Day, Year)	32. REGIST		ATURE SALE	m Rock		-/-				DHMH-16 Rev 1	

in permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and only the funeral director, page 5 should be determed for a	be filed within 72 hours after death with the State Dept. or Hearm and Merical hygieric prior to burlat, dreinstont, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	5	2 3

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIENI REG. NO.	E	
į	1, DECEDENT'S NAME (First, Middle, Last)	ELISABETH			S	2. DATE OF DEATH MONTH DA	2 4	S. TIME OF DEATH A
1	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	213-18-3556	1 M 2 XF 74	YRS.		OR LOCATION OF D	Oct. 30,		Maryland
۳ ا	9a. FACILITY NAME (It, not inetitution, give str	regit and number)	4 / 1	b. CITY, TOWN	ON/SO		9c. COUNTY	-Timzez
DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 106. COUNTY	1000		TOWN OR LOCA		/	72.10	
E I	Maryland		200	timore	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER				of, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	5301 Kenilworth A	venue			21212		U.S	.A.
BY FUI	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 (XNO	If yes, s		NIC ORIGIN? (Specify Yea an, Puerto Rican, alc.) %:	or No— 14.	. RACE — American Indian, Black, White, atc. Specify: Black
	15. DECEDENT'S EDUC		18e. DECEDENT'S U	SUAL OCCUPATE	ION	16b. KIND OF BUS	I SINESS/INDUS	
COMPLETED	(Specify only highest grade of Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during m retired.)	ost of working			
M	17, FATHER'S NAME (First, Middle, Last)		Teacher-	-Retire	Y			School System
8	George A. Crawley	. Sr.			The second	AME (First, Middle, Meiden r Bagley	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print)	, 51.	19b. MAILING A	DORESS (Street		Route Number, City or Town	n, State, Zip Co	ide)
F	William Jones					ue. Baltimo		
	20s. METHOD OF DISPOSITION 1 Disposition 2 Cremation 3 Remo	oval from State	other place) Arbutus Me					y or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE		ALDUCUS TR	22. NAME A	ND ADDRESS OF F	ACILITY		
	Dlow alas	no one	/					al Home P.A. more, MD 21229
	23. PART I. Enter the diseases, or c							t, Approximate
	shock, or heart failure. I IMMEDIATE CAUSE (Finei	As 4.4	each line.		0 =:			interval Between Onset end Death
	disease or condition reaulting in death)	, PULMONF	tky		3/20512			
_		END S	TAGE -	CHRON	vic of	BSPLUCTIVE	PUL	HONARY DISON
틷	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	LIE	AOT	FAILU.		
	ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events	DUE TO OR AS	A CONSEQUENCE OF	ПС	AKI	THILU,	RL	
CERTIFICATION	recuiting in death) LAST	d						
	PART ii. Other significant condition	e contributing to death	but not resulting in	the underlyi	ng cause given in			24b. WERE AUTOPSY FINDINGS
ICAL						PERFOR		AVAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH?
MED								1 TES 2 NO
PHYSICIAN: MED								
Sic.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF OEATH (C	70 - 000 - 1121		
HXS	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. II	JURY AT	28d. DESCRIBE HOW I	NJURY OCCU	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJUF building, atc. (Sp	RY — At home, farm, st secify)	reet, factory, off	ice	281. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLET	coel conj	CIAN: To the best of my kno						cause(a) and menner as stated.
E CO	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE N			SIGNED (Month, Day, Year)
00	Ceballos	m. D.			D 25	5886	D 4	1/13/1990
10	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF C	SEPH H	OSPITA	14	NOZWOT	MO	21204
	31. DATE FILED (Month, Day, Year) APR1 A	32. REGISTRAR'S BIG						

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JULIUS JACKSON 239-16-1011 10	_ STATE REGISTRAR	JIMIL OI 11171	CI	ERTIFIC	CATE OF	DEATH		REG. NO.			
239-16-1011 X w = 72 Yes. Months Mon	1. DECEDENT'S HAME (First, Middle, Lest) JULIUS JACKSON	1						OF DEATH 04-07	<u>-</u> 90	YEAR	
EREATER BALTIMORE MEDICAL CENTER BALTIMORE TOWSON THE HERDE CITY CARONSVILLE THE HERDE CITY STREET AND HUMBERS 413 MELVIIN AVENUE 102.78 CORE 103.78 CARONSVILLE 104.78 CARONSVILLE 105.78 CARONSVI	239-16-1011	[X M 2 □ F		YRS.	ONTHS DAYS	HOURS MIN.	06-	05 BIRTH		NOR	TH CAROLINA
THE STATE AND NUMBERS BALTIMORE 101. 279 COOR BALTIMORE 102. AND COUNTY BALTIMORE 102. 280 COUNTY BALTIMORE 103. MELVIN AVENUE 104. 279 COOR 21228 105. CITIZEN ON HAVE COUNTY IT. S. A. 105	GREATER BALTIMORE		CENTER		-		EATH				EATH
## AND A STATE OF THE PANCE CONTROL AND THE PANCE OF THE	10e. STATE 10b. COUNTY	MORE					SVILI	ıΕ			LIMITS?
Note Married 2 Married Professor 1 YES ACTION	100. STREET AND NUMBER 413 MELVIN AVENU	JE			10						HAT COUNTRY?
Control on Major Principle (Control on Science and Auropean of working) Control of working Control of workin	11. MARITAL STATUS	. WAS DECEOENT E FORCES? 1 [IF YES, GIVE WAR	YES 2	RMEO NO	If yes, sp	ecify Cuban, Mexica	in, Puerto I		or Ho—	Black	, White, etc.
Laborer - Retired DRUG COMPANY 18. MOTHER'S NAME (First, Minds, Marine Southern) 19. MOTHER'S NAME (First, Minds, Minds, Southern) 19. MOTHER'S NAME (First, Minds, Minds, Southern) 19. MALENG ADDRESS (First and Number or Plant Routh Minds, Or Plant Routh Minds, Copy - Sun, State, 20 Cody) 19. MALENG ADDRESS (First and Number or Plant Routh Minds, Or Plant Routh Minds, Copy - Sun, State, 20 Cody) 19. MALENG ADDRESS (First and Number or Plant Routh Minds, Or Plant Routh Minds, Copy - Sun, State, 20 Cody) 19. MALENG ADDRESS (First and Number or Plant Routh Minds, Copy - Sun, State, 20 Cody) 19. MALENG ADDRESS (First and Number or Plant Routh Minds, Copy - Sun, State, 20 Cody) 19. MALENG ADDRESS (First and Number or Plant Routh Minds, Copy - Sun, State, 20 Cody) 19. MALENG ADDRESS (First and Number or Plant Routh Minds, Copy - Sun, State, 20 Cody) 19. MALENG ADDRESS (First and Number or Plant Routh Minds, Cody) 19. MALENG ADDRESS (First And Number or Plant Routh Minds, Cody) 19. MALENG ADDRESS (First And Number or Plant Routh Minds, Cody) 19. MALENG ADDRESS (First And Number or Plant Routh Minds, Cody) 19. MALENG ADDRESS (First And Number or Plant Routh Minds, Cody) 19. MALENG ADDRESS (First And Number or Plant Routh Minds, Cody) 19. MALENG ADDRESS (First And Number or Plant Routh Number or Plant Routh Number or Plant Routh Number or Plant Routh Number or Plant Routh Number or Ruth Routh Number or Plant Routh Number or Ruth Routh Number or Ru	(Specify only highest grade corr	npleted)	(G	live kind of wo	ork done during me		16b.	. KIND OF BUS	IHESS/IN	DUSTRY	
The maintaining in death Last Carrier Car	17. FATNER'S NAME (First, Middle, Last)			Labore	er - Re					VY	
Security Security	ROY B. JACKSON 190. IHFORMANT'S NAME (Type/Print)		19	b. MAILING A	ADDRESS (Street				n, State, Zi	ip Code)	
Dones Coher (Secold) ARBUTUS MEMORIAL PARK ARBUTUS, MARYLAND							TONSV				
MARSHALL W.JONES, JR FUNERAL HOME, P.A. 4101 EDMONDSON AVENUE. BALTIMORE. MD (2/212) 23. PART I. Enter the diseases, or complications in a caused the death. Do not after the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one gains on sech line. CARDIOPULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF): HYPERCAL CEMIA DUE TO (OR AS A CONSEQUENCE OF): LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Chock only one) DUE TO (OR AS A CONSEQUENCE OF): ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Chock only one) DEATH? ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Chock only one) DO THER: ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Chock only one) DO THER: ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Chock only one) DO THER: ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Chock only one) DO THER: ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Chock only one) DO THER: ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Chock only one) DO THER: ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Chock only one) DO THER: ANALABLE PRIOR TO COMPLETION OF PRIOR PRIOR NUMBER OF PRIOR PRIOR NUMBER OF P	4 Donetion 5 Other (Specify)		ARBUT	US MEN	MORIAL	PARK					
23. FEAT LETTER the diseases or complications for caused the death. Do not arriar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one-gase on set in line. IMBEDIATE CAUSE (Final disease or conditions) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING LOUIS (Final disease or conditions). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING LOUIS (Final disease). DUE TO (OR AS A CONSEQUENCE OF): LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): 4. CONTROLL IN THE CONTROLL IN TH	* blowa (els	ema	Dues		MARSH	ALL W.JO	NES,				
AMAILABLE PRIOR TO COMPLETED CAUSE OF CLASS OF DEATH? YES	shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	CARDION DUE TO (O HYPERCA DUE TO (O LUNG CA	PULMONA R AS A CONSE ALCEMIA R AS A CONSE ANCER	ARY A OUENCE OF)	:						Interval Batween Onset and Daath
EXAMINER? YES NO 1 Montana 1 Montana 286. Date of Finjury 286. Date of Fin	1 00	ontributing to de	eath but not	resulting in	the underlyin	ig cause given in	Part I.	PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Natural S Pending Investigation S Could not be determined S Color not not not not not not not not not not		OSPITAL:	ER/Outpatient		OTHER:						
3 Suicide 4 Homicide 8 Could not be determined 26a. PLACE OF IHJURY — At home, farm, street, fectory, office 29b. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGHED (Month, Dey, Year) 30c. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITIM 27) (Type, Print) 31c. OATE FILEO (Month, Day, Year) 31c. OATE FILEO (Month, Day, Year) 31c. OATE FILEO (Month, Day, Year) 31c. OATE FILEO (Month, Day, Year) 31c. OATE FILEO (Month, Day, Year) 31c. OATE FILEO (Month, Day, Year) 31c. OATE FILEO (Month, Day, Year) 31c. OATE FILEO (Month, Day, Year) 31c. OATE FILEO (Month, Day, Year) 31c. OATE FILEO (Month, Day, Year)	les or attacette a			28b. TIME	OF 28c. IN	JURY AT ORK?	,		NJURY O	CCURED	
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGHED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITIM 27) (Type, Print) 10. OATE FILEO (Month, Day, Year) 31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	3 Suicide 8 Could not be			ome, farm, st	reet, fectory, offi	ce .				er or Rural f	loute Number,
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITIM 27) (Type, Print) 12 ANIC STNOMBOND 120 S. Je 1 - e e e e e e e e e e e e e e e e e	one's) end manner ee stated.
120 S. Je - Mere M. Jours - 31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APD 1 1990 Gelia Devideon-Randelle	29b. SIGNATURE AND TITLE OF CERTIFIER	小人	tun	i	M	29c. LICENSE NU	MBER	>	29d. DA	TE SIGHED	(Month, Day, Year)
	IM 14	nomi	7546	12	20 5.	19ez	A.e.	e 1	r.	Tu	W3 C
	APR1 6 19	an d	the Burd	bon-Ra	ndelle	,					DHMH-16 Rev 1/8

TO BE COMPLETED, BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached focuse all be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attent

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

t. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.						
	1. DEGEDENT'S NAME (First, Middle, List)	ackson			2. DATE OF DEATH DAY	-90 YEAR	3. TIME OF DEATH				
	215-10-0565	6. SEX 6. AGE (In yrs. I	est birthday) IF UNI YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. S DAYS HOURS MIN.	7. DATE OF BIRTH! (Month, Day, Year)	8. BIRTH	Marian or Foreign				
4	SA-FACILITY HAME (If not institution, give stre	Care Conter	9b. C	allemare	eath Md	9c. COUNTY OF D	EATH				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS 10d.										
TALD	10e. STREET AND NUMBER	H. 640	Ball	101. ZIP CODE	~	10g. CITIZEN OF V	1 YES 2 NO				
LONE	11. MARITAL STATUS 1 Never Married 2 Searred	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2		3. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica		or No- 14. RACI	E — American Indian, k, White, etc.				
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCA	IF YES, GIVE WAR OR DATES	DECEDENT'S USUAL	1 TYES 2 NO Specifi	18b. KIND OF BUSH	Spec	Black				
COMPLEIED	(Specify only highest grade or Elamentary/Secondary (0-12)	ompleted)	(Give kind of work doi ife. Do NOT use retired	ne during most of working d.)	ina. Killo or sosi	NESS/MOSTAT					
- 1	17. FATHER'S NAME (First, Migdle, Last)	Un	1 OCH U		ME (First, Middle, Maiden S	urname)					
IO BE	190. INEORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS Street and Number or Rural	Route Number, City or Town.	State, Zip Code)	W.D. 21239				
	20a. METHOD OF DISPOSITION 1 Burlel 2 (V Cremation 3 Ramov 4 Donation 5 Other (Specify)	ral from State 20b. PLAC	CE OF DISPOSITION	(Name of comptery, cromatory or emater 4 -	Fine. Do	ATION — City or To	10-6				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSIE		Douglass F	1	ervice					
	23. PART I. Enter tha dieeeses, or co	emplications that caused the	death. Do not en	tar the mode of dying, suc	th as cardiac or reapire	atory arrest,	Approximata				
	shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition	ist only one cause on each ile	ne.				interval Between Onset end Deeth				
	reculting in death) a.		SEQUENCE OF):	Amonary ar							
HILLAIION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS									
HILL	CAUSE (Diseese or injury that initiated events reculting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):		-						
AL CE	PART II. Other eignificent conditions	contributing to deeth but no	t resulting in the	undarlying ceuse given in	Part I. 24a. WAS AN A PERFORM		o. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDIC	Denon	Le.			1 TYES 2	PNO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	eck only one)						
200	1 TYES 2 DATO	HOSPITAL: 1 Inpatient 2 ER/Outpatient		Nuraing Home 5 - Residence	a Other (Specify)						
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	2ad. DEŞCRIBE HOW IN	JURY OCCURED					
	3 Sulcida a Could not be detarmined	28a. PLACE OF INJURY — At building, atc. (Specify)	home, farm, atreet,	factory, offica	28f. LOCATION (Street ar City or Town, State)	nd Number or Rurel	Route Number,				
COMPLEIED	anal and	IAN: To the best of my knowledge, t: On the basis of examination and/					a) and manner as stated.				
מ	296. SIGNATURE AND TITLE OF CERTIFIER	Selven 42		29c. LICENSE NU		29d. DATE SIGNED	(Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print)	all his 2	1227		VI.				
	31. DATE FILED (Month, Day, Year) PRI	6 1990 Suba	Devidon A	ander		·					

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IRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director		and the marked or hem 22 shows one failure or other trainmatic event the medical examiner min
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ALUT PIDDI

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YE	3. TIME OF DEATN
	Leonard 1	3. Jones				0 9	
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
	218-28-5007	1,0 M 2 D F 57		THO HOUND WIN.	1 9 3		ruland
_	9n. FACILITY NAME (If not institution, give str	eet and number)	96	CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
ECTOR	1312 Edmonsor	1 Avenue		Baltimore		Bal	ton
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY
DIR	Md.		Bal.	timore.			LIMITS?
	10e. STREET AND NUMBER		1 114.4.2	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1312 Edmonsor	1 Avenue		21217		(USA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DECENDENT OF NISPA			RACE American Indian, Black, White, atc.
BY F	1 Never Married 2 1 Married 3 Widowed 4 Divorced	FORCES? 1 , YES 2	S T	1 YES 2 NO Speci			Specify:
	15. DECEDENT'S EDUC	Korean	t れる Sa. DECEDENT'S USU	χ	16b. KINO OF BL		BE
	(Specify only highest grade	completed)		done during most of working	166. KIND OF BU	SINESS/INDUS	INT
12	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Thun	k Driver			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Tauc		AME (First, Middle, Maide	Surname)	
Ш	Bernard :	Jones		Tdo	Spears		
(0)	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rural			de)
2	Amy Jones	40.7	632	V. Gilmor St	. Balto.	Md. 21	217
	20e. METHOD OF DISPOSITION 1 Derived 2 Cremetion 3 Remo	20b. Pt	LACE OF DISPOSITION	ON (Name of cemetery, crematory or	20c. L	OCATION — City	or Town, State
	4 Donation 5 Other (Specify)		rownsul	22. NAME AND ADDRESS OF F	Cem Cr	own su	cele Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	/		22. NAME AND ADDRESS OF F. Marshall P			
	1/groy	Harris		638 N. Gil			Md. 2127
	23. PART I Enter the diseases, or c	omplications that caused th	he death. Do not				
	IMMEDIATE CAUSE (Final	TOTAL WARRANT STATE					Onset and Death
	disease or condition resulting in death)	METACT	ATIC	LUNG	CA		
	- Wees CAN II Process V	DUE TO (OR AS A CO	ONSEQUENCE OF):				
Z	Sequentially list conditions,)	ONSEQUENCE OF				
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF):				
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CC					
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	£					
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF):				
AL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CO	ONSEQUENCE OF):	he underlying cause given li		N AUTOPSY RMED?	24b. WERE AUTOPSY FINGINGS AMALABLE PRIOR TO COMMITTED UNITS CAUSE
AL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF):	he underlying cause given li		RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF):	he underlying cause given li	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 OO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	B. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 26. PLACE OF INJURY 26. PLACE OF INJURY 27. Duilding, etc. (Specify)	onsequence of): not resulting in the sequence of the sequence	28. PLACE OF DEATN (CTHER): Nursing Nome 5 Pasidence F 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office to the time, date and place, and du n my opinion, death occured at the	PERFC 1 YES 1 YES 1 YES 28d. Describe How 28f. Location (Stree City or Town, State to the cause(e) and me it time, data and place, state to the cause (e) and me it time, data and place (e) and me it time, data and place (e) and me it time, data and place (e) and me it time.	INJURY OCCUR and Number or anner as stated, and due to the c	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 OO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	OUE TO (OR AS A CO	not resulting in to the state of the state o	28. PLACE OF DEATN (C) THER: Nursing Nome 5 Presidence F 28c. INJURY AT WORK? M 1 YES 2 NO st, factory, office t the Ilma, date and place, and du n my opinion, death occured at th	PERFC 1 YES 1	INJURY OCCUR and Number or anner as stated. and due to the c	AMALABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO RED Rural Route Number, suss(s) and menner as stated. IGNEO (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR AS A CO	onsequence of): not resulting in the sequence of insurance 28. PLACE OF DEATN (C) THER: Nursing Nome 5 Paesidence WORK? M 1 YES 2 NO st, factory, office At the time, date and place, and du n my opinion, death occured at the D 29c. LICENSE NI D 29 nt) AW ST # 3	PERFC 1 YES 1	INJURY OCCUR and Number or anner as stated. and due to the c	AMALABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO RED Rural Route Number, ause(a) and menner as stated.	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-ricours after death. Page 6 may be retained by the hospital or attended to the hospital or attended to the property of the property o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as 👣 built-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Agr. Year) 6 1995 2. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21203-33-45

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (FIF				50	NE	5	2. DATE OF DEATH	5 6	76 2.	57 M
4. SOCIAL SECURITY NUI 7 18 – 18 – 9		5. SEX	8. AGE (In	41	UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 12-25-0	0.5	6. BIRTHPLACE (S Country) S. C	itate or Foreign
9a. FACILITY NAME (If not		1 1 1 1		96	. CITY, TOV	N OR LOCATION OF DE	ATH	9c. COU	NTY OF DEATH	
HOMEWOO		PITAL C	rN.		BAL	TIMORE C.	ITY			
10a. STATE	10b. COUNT	Υ		10c. CITY, TO	OWN OR LO	CATION	. 4		10d, INS	SIDE CITY
MD				BAL:	TIMO.	RE CITY				S 2 NO
10e. STREET AND NUMBE	R			•		101. ZIP CODE		10g. CITI	ZEN OF WHAT CO	JNTRY?
123 WEST	29th	STREET	APT	. 12F		21218			USA	
11. MARITAL STATUS Never Married 2 [3 Widowed 4 Di		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN I	U.S. ARMED AMMO (1)	If yes	DECENDENT OF HISPAN, specify Cuban, Maxica YES 27700 Specify		or No—	14. RACE — Amer Black, White, Specify: B	tican Indian, etc. $LACK$
15. Di (Specify of Elementary/Secondary 8 th Grad		JCATION completed) College (1-4 or 5 +		16a. DECEDENT'S USI (Give kind of work life. Do NOT use no	done during tired.)	i most of working	18b. KIND OF BU	SINESS/INC	DUSTRY	
17. FATHER'S NAME (First,							ME (First, Middle, Maiden	Surname)		
CALVIN		TONES				NANCY	D.	AVIS		
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING AD	DRESS (Str	set and Number or Rural I	Poute Number, City or Tow	rn, State, Zip	Code)	
DOROTHY	E . DA	NIELS		1638	EAS	T BELVED	ERE AVE.	/Bal	to. MD	21239
20s. METHOD OF DISPOS	ITION		20b.	PLACE OF DISPOSITION	ON (Name o	f cemetery, crematory or	20c. LO	CATION -	City or Town, State)
4 Donation 5 Oth		novali from Stata	A	RBUTUS	MEM.	PK. CEM	AR	BUTU	S, MD	
21. SIGNATURE OF FUNE	al service L	E-CI	ker	lL.		E AND ADDRESS OF FA $C.$ $MARCH$	F.H. 11	01 E	. NORT	H AVE.
23. PART I. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)	heart falluye.	List only one cau	TA	ch line			ATIC (•	In	pproximsta starval Batween nset and Dasth
Sequentially list conditions, leading to immoduse. Enter UNDERICAUSE (Disease or in that initiated events resulting in death) L/	nediata LYING njury	C		CONSEQUENCE OF):						
PART II. Other algorith				t not resulting in t		lying cause given in	Part I. 24a. WAS AF PERFO 1 YES	RMED?	AMAILAI COMPLI OF DEA	UTOPSY FINDINGS DLE PRIOR TO ETION OF CAUSE TH? ES 2 \(\sum \) NO
25. WAS CASE REFERRED	TO MEDICAL				2	6. PLACE OF DEATH (Ch	eck only one)			
EXAMINER?		HOSPITAL:	ER/Outpa		THER:	Home 5 🗆 Residence	8 Other (Specify)			
	Pending Investigation	28a. DATE OF (Month, D.		28b. TIME C	Υ	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE O	F INJURY - etc. (Specif	— Al home, farm, stre	et, factory,	office	281. LOCATION (Street City or Town, State		r or Rurel Route Nu	nber,
(Crieck Drilly		The same of the sa					to the cause(a) and me time, data and place, a			anner as stated.
29b. SIGNATURE AND TO	back	P 200		la cui)	29c, LICENSE NU	30 J	Þ 4	TE SIGNED (Month,	190
30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CAUS			int) gr	431 41	dave.	54	cTO un	12/21

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH OA 10AY 9'EAR 2'4 P M OA 10AY 9'EAR 2'4 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 5. BIRTHPLACE (State or Foreign
	215 30 8715 1XM 2 = 54 YRS. MONTHS DAYS HOURS MIN. (Month, Dey, Year) 5, C.
НОГ	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BAITIMORE, MD RESIDENCE OF DECEDENT 9c. COUNTY OF DEATH BAITIMORE
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 100. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 Yes 2 \(\text{NO} \) NO
FUNEHAL	100. STREET AND NUMBER POI Lauretta AVE 101. ZIP CODE 2/223 109. CITIZEN OF WHAT COUNTRY? U.S.A.
BY FU	11. MARITAL STATUS 1 MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed Mercent 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indien, Black, White, etc. 1 YES 2 NO Specify: Black Specify: Black 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indien, Black Widowed 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indien, Black White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indien, Black White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indien, Black White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indien, Black White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indien, Black White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 15. WAS DECENDENT OR NO 15. WA
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
COMPLEIED	Elementary (Secondary (0-12) College (1-4 or 5+) Maintence City Hospital
BE CO	17. FATHER'S NAME (First, Middle, Last) George Jen Kins Anie (First, Middle, Maiden Surname) Anie Pace
0	190. INFORMANT'S NAME (TURN-Print) Ghadden 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 401 Laurette Ave Baltimore mo 21223
	20e. METHOD OF DISPOSITION 1 (V Burlel 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify) 20b. BLACE OF DISPOSITION (Name of corretory, cremetory or Other place) A POSST VA. CEM OWINGS MILLS MO
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CH FUNERAL HOME WM. C. March Funeral Home 101 E. North AVE. 21202
	23. PART i. Enter the diseases, or complicatione that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
	shock, or heert fallure. List only one cause on each line. iMMEDIATE CAUSE (Fine) disease or condition MIGGS UP 12 MORE OF The Performance of the control
	disease or condition resulting in death) • Massive waper GI bleeding Due to (or as a consequence of):
z	- Esophageal varices
2	if any, leeding to immediate
2	CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	resulting in deeth) LAST Land abuse years
2	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY FINGINGS
2	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO COMPLETION OF CAUSE DF DEATH?
ME	1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (Check only one)
פ	EXAMINER? HOSPITAL: OTHER: 1
7	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending Investigation 1 YES 2 NO
COMPLETED BY	2 Accident investigation 3 Suicide 6 Could not be determined 2se. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 2se. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
7	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated.
S C	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(e) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 291. DATE SIGNEO (Month, Day, Year) D4-11-90
0	Jean K. Warner MD UnivofMD med System Dept of Internal medicine.
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) The Warner MD UnivofmD med System Dept of Internal medicine. 31. DATE FILED (Month, Day, Ybar) APR1 6 1990 32. REGISTRAR'S SIGNATURE APR1 6 1990

DHMH-16 Rev 1/89

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RECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, pag	remation,	the same and the s
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	FOR STATE REGISTRAR	STATE OF MARYLA			OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1, DECEDENT'S NAME (First, Middle, Last)	H	701	cks	ON	2. DATE OF DEATH DATE OF DAT		3. TIME OF DEATH AR 11:22 Am
	21636 476	M 2 □ F	yrs. lest birthday,	MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Gay, Year)	39	BIRTHPLACE (State or Foreign Country)
TOR	9e. FACILITY NAME (If not institution, give street HARBOR HOSPITA) RESIDENCE OF DECEDENT				TIMORE CIT		9d. COUNTY	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY MD				MORE CITY			10d. INSIDE CITY LIMITS? 3 YES 2 NO
FUNERAL	10s. STREET AND NUMBER 734 REEDBIRD A	VENUE			101. ZIP CODE 21225			OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 1 Merried 3 Widowed 4 Divorced	FORCES? P TYPES IF YES, GIVE WAR OR DA	2 NO	100	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 ☐ YES 2 ② NO Speci	an, Puerto Rican, atc.)		RACE — American Indian, Black, White, stc. Specify: BLACK
COMPLETED	18. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 9th Grade	ION npleted) college (1-4 or 5+)	16a. DECEDENT (Give kind o life. Do NOT Truck	f work done use retired.)	during most of working	16b. KIND OF BUS		
BE	17. FATHER'S NAME (First, Middle, Lest) James 190. INFORMANT'S NAME (Type/Print)	Jackson	Top Mail in	IG AODRES	18. MOTHER'S N. Eleat S (Street and Number or Rural		Day	40)
2	Joyce Jackson	1 200	7828	WIL	LINGS COUL	RT/PASADE	NA, M .	,
	7F. Burlel 2 Cremation 3 Remova 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	from State CA		ER H	ILL CH . CE	EM. SEV		
	Daten	E. Wa	ulf	- 1			01 E.	NORTH AVE.
-	23. PART I. Enter the diseases, in come shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	plications that coused tonly one cause on ed	ich line.	not ente	r the mode of dying, su	ch as cardiac or reapi	ratory arreat	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A			non			
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	Δ Δ		j in the u	nderlying cause given in	Pert I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 — YES 2 MYNO	OSPITAL:		ОТНЕ				
Y PHYS	27. MANNER OF DEATH Netural 5 Pending	25a. DATE OF INJURY (Month, Day, Year)	28b. T	IME OF NJURY	28c. INJURY AT WORK? 1 YES 2 NO	8 U Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm	, street, fac	Ltorn, office	261. LOCATION (Street a City or Town, State)	ind Number or F	Rural Route Number,
COMPLETED	1				time, date and place, end du opinion, death occured at th			nuse(s) and menner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	764 I	REST		JT HOUSE		29d. DATE SI	GNED (Month, Day, Year)
F		OMPLETEO CAUSE OF DE	TREE		BALTIMO	RE, MD	2122	30

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ISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should
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1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF		MENTAL HYGIE REG. N							
1. DECEDENT'B NAME (First, Middle	a Lee	Joy	ner	2. DATE OF DEATH MONTH	9 190	3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 577 40 76.35 9a. FACILITY NAME (If not Institution		YRS. MONTHS DAY		7. SATE OF BIRTH (Month, Day, Year) APRIL 2.		BIRTHPLACE (State or Foreign Country) NORTH CAROLIN					
RESIDENCE OF DECEDE	viel Betto ville	Hord	Low	rel	Pri	recessy					
MARYLAND PRI	NCE GEORGE	JESSUP				10d. INSIDE CITY LIMITS? 1 YES 2 NO					
100. STREET AND NUMBER 8760 MARY LAN	E		101. ZIP CODE 20794		U. 8	OF A.					
1 Never Married 2 Marrie 3 X Widowed 4 Divorced	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 1 Neve										
Specify only higher Elementary/Secondary (0-12) 0 - 10 17. FATHER'S NAME (First, Middle, Letter)	College (1-4 or 5+)	DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)	ATION g most of working	AT HEF	RESTI						
0-10 17. FATHER'S NAME (First, Middle, L		HOMEMAKER	18. MOTHER'S NA	AME (First, Middle, Maid		DENGE					
JAMES C. HARD 198. INFORMANT'S NAME (Type/Pri	JAMES C. HARDY CHERRY APPLE - WHITE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
MRS. GENEVA V. JOYNER 8760 MARY LANE JESSUP. MARYLAND 20794											
20a. METHOO OF DISPOSITION 1 (V Burla) 2 Cremation 3 4 Donation 5 Other (Special	or Town, Stata										
21. SIGNATURE OF EUNERAL SER		LEW	E AND ADDRESS OF F	ICILITY IN FUNERAL	HOME	21215-6393 MORE_MARYLAN					
Shock, or heart for the state of the state o	a. Due to (or as a conductor of the cond	SEOUENCE OF):	card	ist !	Dis,	Interval Betwo					
PART II. Other aignificant co	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS.										
Z Z	1 YES 2 NO										
25. WAS CASE REFERRED TO MED EXAMINER? YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	OTHER:	8. PLACE OF DEATH (C	heck only one)							
YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpetient 28s. DATE OF INJURY	28b. TIME OF 28c	Home 5 - Residence	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED					
2 Accident Investi	getion 28s. PLACE OF INJURY Al		WORK? YES 2 NO	281. LOCATION (Stre	et and Number or	Bural Boula Number					
4 Homicide determ	not be building, atc. (Specify)			City or Town, Ste							
(Check only 1 CERTIFYIN	3 PHYSICIAN: To the best of my knowledge XAMINER: On the bests of examination and										
296. BIGHATAME AND TITLE OF C	ENTIFICE	2 5	29c. LICENSE NU	IMBER	29d. DATE S	HGNED-(Month, Day, Year)					
o Conte	ON WHO DOWN LETEO CAUSE OF DEATH	ITEM 27) (Type, Print)	1009	975	KIP	11 (13/77					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	- Pandell									

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DIVISION OF VITAL RECORDS, F.O. BOX 13140,) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be	I THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page
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	1. DECEOENT'S NAME (First, Middle, Last)			141	CATE OF		REG. NO		3. TIME OF DEATH			
	Kara				Johnsor	1	4 1.		7:26 A.			
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 0	BIRTHPLACE (State or Foreig			
		1 [M 2 [F		YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	'	Country)			
	9a. FACILITY NAME (If not institution, give	street and number)	<u> </u>			OR LOCATION OF DI	0	9c. COUNTY	OF DEATH			
œ	John Hopkins	Hospital			Ba	altimore		cit	4			
181	RESIDENCE OF DECEDENT		paretilore C114									
DIRECTOR	10a. STATE 10b. COUNT	ry		`	CITY, TOWN OR LOCATION 10d. INSIDE CITY							
ā	ma, ci	4		Ba	Paltimore 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
\¥	10e. STREET AND NUMBER	, .			1	Of. ZIP CODE	. 3	10g. CITIZEN	OF WHAT COUNTRY?			
ij.	199 CO	UIN	5.			7176	, 2	05.	A ,			
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. A		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc.							
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES			S 2 NO Specif			Specify:			
ED 8	15, DECEDENT'S ED	1	40.0		101111 00011017		Las vene ee e	Henrico (militar	DIACI			
ETE	(Specify only highest grad	de completed)	(0		JSUAL OCCUPAT ork done during n retired.)		166. KINO OF B	USINESS/INDUST	HY			
ا ٿا	Elementary/Secondary (0-12)	College (1-4 or 5	+)		,							
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maide	n Sumama¹				
	111.155 5 T-1					C	I was micera, maio	\				
BE	19a, INFORMANT'S NAME (Type/Print)	INSON	10	DE MAILING	Annorse /Street	and Number or Rural	Route Number, City or To	wo State Zio Cor	nio)			
임	a where w	ville.	"	125	1	The state of the s	P / L	S)	19.03			
	20e. METHOD OF DISPOSITION	11143	20b. PLACE	OF DISPOS	CO U	emetery, crematory or	. Don Timo	OCATION - City	or Town State			
	1 Burial 2 Cremation 3 Rer	movel from State	other p		11.11							
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE .		22. NAME	AND ADDRESS OF F	CILITY	eri C	Phin Fy				
	500 m	1	Pen Lucy		0							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 45 II YEN LUCY Carolina TUNERAL 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory are shock, or heart failure. List only one cause on each line.												
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST	bOUE TC	O (OR AS A CONSI	EOUENCE OF	OUENCE OF):							
1 11 1	reauting in death) LAST	d										
	PART ii. Other algnificant condition	one contributing to	daath but not	resulting i	n the undarlyl	ng cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINC			
l 일 l							1 X YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAI			
								- 0	OF DEATH?			
2												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF DEATH (C	heck only one)					
Sic	EXAMINER? 1 X YES 2 NO	HOSPITAL:	XER/Outpatient	3 DOA	OTHER:	me 5 - Residence	6 Other (Specify)					
≥	27. MANNER OF DEATH	28s. DATE O	F INJURY	28b. TIME	OF 28c. II	NJURY AT	28d. DESCRIBE HOV	V INJURY OCCUR	ED			
1 = 1	1 🔀 Natural 5 🗌 Pending		Day, Year)	ILMI		VORK? YES 2 NO						
Y P.	I I I I I I I I I I I I I I I I I I I	3		nome, farm, a	treet, factory, of	ica	et and Number or i	Rural Route Number,				
TED BY PH	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE	OF INJURY — At I I, etc. (Specify)									
LETED BY PH	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	e 28e. PLACE (building	, etc. (Specify)	leath coour	d at the time de	te and place, and the	to the cause(s) and =	senner as stated				
MPLETED BY PH	2 Accident Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only)	e 28e. PLACE building	n, etc. (Specify) of my knowledge, α				a to the cause(a) and n		euse(s) and manner as size			
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TO BE COMPLETED BY PH	2 Accident 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only one) 2 X MEDICAL EXAMI 29s. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON M	28e. PLACE building /SICIAN: To the best of NER: On the basis of IER	of my knowledge, of examination and/o	EM 27) (Type,	n, in my opinion. Print)	death occured at the 29c. LICENSE NU	e time, date end place, MBER	29d. DATE S	IGNED (Month, Day, Year)			
BE COMPLETED BY	2 Accident 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only one) 2XXMEDICAL EXAMIN	286. PLACE building /SICIAN: To the best of NER: On the basis of IER M. D.	of my knowledge, of examination and/o	EM 27) (Type,	n, in my opinion. Print)	death occured at the 29c. LICENSE NU	time, date end place,	29d. DATE S	IGNED (Month, Day, Year)			

3. TIME OF DEATH,

3:45

6. BIRTHPLACE (State II

MARYLAND

9c. COUNTY OF DEATH

2. DATE OF DEATH APRIL 10, DAY 1990 YEAR

1903

7. DATE OF BIRTH

APRIL 8,

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First Miridle, Last)

LILLIAN E. KING

5. SEX

1 🗌 M 2 😿 F

4. SOCIAL SECURITY NUMBER

215-22-0452

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1		
'n	within	
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5	certificate	
ŗ	death	
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ECC C	requires	
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4	1	
>	CIAN:	
2	PHYS	
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	
5	OR.	
	SPITAL	

TO THE !

31. DATE FILED (Month, Day, Year)

HLUTP 1930

S. R.	Masou F Lord C	number)		OWN OR LOCATION OF DEATH	ı	9c. COUNTY O	F DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	9	10c. CITY, TOWN OR	LOCATION			10d.	INSIDE CITY LIMITS?	
1 2	MARYLAND HARFORD		STREET				1 🗆	YES 2 X NO	
ĭ₹	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN C	OF WNAT	COUNTRY?	
FUNERAL	3162 SANDY HOOK ROAD 21154 U.S.A.								
B	1 Never Married 2 Married FO	S DECEDENT EVER IN U.S. ARM RCES? 1 ☐ YES 2 MO YES, GIVE WAR OR DATES) If	AS DECENDENT OF HISPANIC (1984, specify Cuban, Maxican, P YES 2 ANO Specify:		S	RACE — A Black, Whi Specify: .ITE	merican Indian, ita, etc.	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	(Give	EDENT'S USUAL OCC e kind of work done du Do NOT use retired.)	UPATION ring most of working	16b. KIND OF BUS	SINESS/INDUSTR	W.		
글	N/A N/A N/A	je (1-4 or 5 +)	EMAKER		OWN HOM	E			
# I	17. FATHER'S NAME (First, Middle, Lest) GREENVILLE HACKETT			18. MOTHER'S NAME ELEANOR	(First, Middle, Maiden (UNKNOWN				
TO BE	ELEANOR LIPPERT (DAUGHTER) 3162 SANDY HOOK ROAD, STREET, MARYLAND 21154								
MUST DE	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)			of cometery, cremetory or TH CEMETERY	1	CATION — City of TIMORE,			
examiner	21. SIGNATURE OF EMPLEYAL SERVICE LICENSEE	=	SCI	ame and address of facili HIMUNEK FUNER D5 BELAIR ROA	AL HOME,	INC. MORE, M	IARYI.	AND 21236	
ine medical	23. PART I. Enter the diseases, of complice shock, or heart failure. List on IMMEDIATE CAUSE (Final disease or condition	ly one cause on each line.	th. Do not enter t					Approximata interval Between Onset and Death	
lyury, or other traumatic event, the medical examiner must be CERTIFICATION									
	PART ii. Other significant conditions conti	ibuting to deeth but not re	aulting in the und	erlying ceusa given in Pa	rt i. 24a. WAS AN	AUTOPSY	24b. WER	E AUTOPSY FINDINGS	
DICAL C	dementia,				PERFOI		COM	LABLE PRIOR TO IPLETION DF CAUSE DEATH?	
ME	Axial Firs	Mation			-			YES 2 NO	
N Z	25. WAS CASE REFERIND TO MEDICAL	ascolar	Diseas	26. PLACE OF DEATH (Check	only one)				
SIC!		PITAL: patient 2 = ER/Outpatient 3	DOA 4 W Nursi						
PHY		Ba. DATE OF INJURY (Month, Day, Year)			d. DESCRIBE HOW	INJURY OCCURE	D		
~	1 Netural 5 Pending 2 Accident Investigation	(MOND), Day, real)	M	1 YES 2 NO					
28 Is m		Be. PLACE OF INJURY — At hom building, atc. (Specify)	ne, farm, street, factor	y, offica 2	B1. LOCATION (Street City or Town, State,	and Number or Ru)	ural Route	Number,	
TANT: If Item 28 is mar COMPLETED BY	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the	the best of my knowledge, dealer to basis of examination and/or in					vee(a) and	manner as stated.	
N N	29b. SIGNATURE AND TITLE OF CERTIFIER		-	29c. LICENSE NUMBE	R	29d. DATE SIG	NED (Mor	oth, Dev. Year)	
O BE CON	War X 1			D		►4-10			
우	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITEM	27) (Type, Print)			, , ,,		10	
	Howard S. Tuch								

32. REGISTRAR'S SIGNATURE

STATE PROPERTY OF THE PARTY OF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

6. AGE (In yrs. lest birthday)

YRS.

87

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRA	F
-	1. [DECEDENT'S N	1/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NOTION TO ALL STATES **NOTION NETWORK AND CONTROL ST	1 - STATE REGISTRAR	SIAIL OF MARTIL			OF DEATH		G. NO.		
2.12—0.3—9.605 1.5 EX 1.5	1. DECEDENT'S NAME (First, Middle, Last)								3. TIME OF DEATN
SOURCE SECRETARY INSURED S. M.X. M.A. ADD (1) for the market report 10 more	M. LORE	RAINE		LARKIN		APRIL	9, MY 1990) YEAR	10:00 AM
EXCELTE MARK OF INSTRUCTION OF INSTR		SEX 6. AGE	(in yrs. lest birthde	ly) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIR	тн	8. BIRTH	IPLACE (State or Foreign
Secretary Harder for exhancing type mere and number	212-03-9605	□ M 2 💢 F 71	YRS	MONTHS D	AYS HOURS MIN.	7/11/18	Year) 8		
RESIDENCE OF DECERPISE MR. SETTINE MR. COUNTY MARYLAND SECRETE SOCIONY		and number)		9b. CITY, TO	OWN OR LOCATION OF DE			UNTY OF D	EATH
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MARYLIAND — BALTIMORE 3 501 ST. PAUL STREET APT. 230			10c.	CITY, TOWN OR I	OCATION				10d. INSIDE CITY
3 501 ST. PAUL STREET APT. 230 11. MARTAL STATUS 12. MAS DECEDENT SYRIN IN U.S. ANDERS 12. MAS DECEDENT SYRIN IN U.S. ANDERS 13. MAS DECEDENT SYRIN IN U.S. ANDERS 14. MARTAL STATUS 15. MARCH AND DECEDENT SYRIN IN U.S. ANDERS 16. MARCH AND DECEDENT SYRIN IN U.S. ANDERS 17. MARCH AND DECEDENT SYRIN IN U.S. ANDERS 18. MARCH AND DECEDENT SYRING AND DECEDENT SYRIN IN U.S. ANDERS 18. MARCH AND DECEDENT SYRING AND DECED	MARYLAND			BALTIM	ORE				
T. ANDREW STATE 1 Married					1117-70, 1-1-1-5		10g. CI	TIZEN OF V	VHAT COUNTRY?
Type Specify Coldens Machestan, Petrol Pricent, etc.) Signation Specify Specify William Specify Specify William Specify Specify William Specify Specify William Specify Specify William Specify Specify William Specify Specify Specify William Specify Sp	3501 ST. PAUL STRE	ET AP:	r. 230		21218			U.S	5.A.
Content of the principle of the contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOSY PERFORMENT SAME (First, Models, Last) 25th WAS CASE REFERENCE TO (First WAS) 25th WAS CASE REFERENCE T	1 🕅 Never Merried 2 🗌 Merried	FORCES? 1 YES	2 NO	If yo	es, specify Cuben, Mexica	n, Puerto Rican,		Bleck	k, White, etc.
TO TRAINER'S NAME (Part, Alacian, Late) JOHN T. LARKIN 10. MOTIVEN'S NAME (Part, Alacian, Late) JOHN T. LARKIN 11. MOTIVEN'S NAME (Part, Alacian, Late) JOHN T. LARKIN 11. MOTIVEN'S NAME (Part, Alacian, Late) MAUREEN ELDERKIN 11. 207 GREENSPRING AVENUE, LUTHERVILLE, MD. 21093 208_PACE OF GREENSPRING AVENUE, LUTHERVILLE, MD. 21093 208_PACE OF GREENSPRING AVENUE, LUTHERVILLE, MD. 21093 208_PACE OF GREENSPRING AVENUE, LUTHERVILLE, MD. 21093 208_PACE OF GREENSPRING AVENUE, LUTHERVILLE, MD. 21093 208_PACE OF GREENSPRING AVENUE, LUTHERVILLE, MD. 21093 208_PACE OF GREENSPRING AVENUE, LUTHERVILLE, MD. 21093 208_PACE OF GREENSPRING AVENUE, LUTHERVILLE, MD. 21093 208_PACE OF GREENSPRING AVENUE, LUTHERVILLE, MD. 21093 208_PACE OF GREENSPRING AVENUE, LUTHERVILLE, MD. 21093 218_SIGNATURE OF PURENAL SUPPOSE LUCESCEE LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 16 and DEMONISON AVENUE, CATONSVILLE, MD. 21228 22. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, interval Selvense shock, or heart failure. List only one sauce on each line. IMMEDIATE CAUSE (Final disease or conditions) If early, bed drug binneys are all the death of the death of the country of the caused of the death of the country of the						16b. KIND	OF BUSINESS/II	NDUSTRY	
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JOHN T. LARKIN 199. MEDICAL PROPERTY NAME (Properting) MAUREEN ELDERKIN 11207 GREENSPRING AVENUE, LUTHERVILLE, MD. 21093 209. MALCE OF DISPOSITION 210. MATCHER ELDERKIN 210. MAT	17, FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)		
MAUREEN ELDERKIN 11207 GREENSPRING AVENUE, LUTHERVILLE, MD. 21093 Rep. Matrido or disposition 2006. FLACE OF GREDSPRING Avenue of consistory or 1206. LOCATION — city or Town, Sistes 1					SADI	E V.	SCHAIBL	E	
20s. PLACE OF CRIPPOSITION (Name of connective)				DC4 DOMESTIC					(D 01000
1.K Buries Crametion 3 Removed from State		201							
22. MARCAND ADDRESS OF PECLIFY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset end Death and the condition of the conditio	1 🕅 Buriel 2 🗆 Cremetion 3 🗆 Removal								
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNEP OF DEATN 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNEP OF DEATN 1 Wastural S Pending Investigation 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 27. MANNEP OF DEATN 28a. DATE OF INJURY All home, farm, street, factory, office 28d. DESCRIBE NOW INJURY OCCURED 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) 1	PART II. Other significant conditions of	ontributing to death I	but not resulti	ng in the unde	rtying cause given in			Y 246	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) MOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) C									COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATN 1 Inpettent 2 ER/Outpettent 3 DOA 4 Norsing Home 5 Residence 6 Other (Specify) C N N T 28. DATE OF INJURY 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)									
1 Inpetient 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) CO - DM DOA Continued					26. PLACE OF DEATH (C)	heck only one)			
27. MANNEP OF DEATN 1			patient 3 🗆 DO		g Home 5 🗆 Residence	6 Other (Spe	city) EU	V-1	JM H
1 Pattural 5 Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending Pending P	_/ _		28b.	TIME OF 28	Sc. INJURY AT			CCURED	
3 Suicide 4 Nomicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vear) 4 1 0 / 9 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARCUD M. MENENDEZ MD 5820 YOMM OF SHARED MD 212R		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vear) 10 90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARCY OM. MENENDEZ MD 5820 YOMM MD SACTO. MD 2120	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, far	rm, street, factory	r, office			ber or Rural	Route Number,
(Check only 1 Green in the past of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner es stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Vear) 4/10/90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARCY O M. MENENDEZ MD 5820 YOAK ND BAGO. MD 212R	4 Nomicide determined								
29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Vear) 4/10/90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARCIO M. MENENDEZ MD 5820 YOAK ND BAGO. MO 212R	(Check only	N: To the best of my know	viedge, death oc	curred at the time	a, date end place, end du	e to the cause(e)	end menner es s	stated.	
MARCIO M. MENENDEZ MD 5820 YORK RD BAGO. 40212R	One) 2 MEDICAL EXAMINER: (On the basis of examination	on and/or investig	getion, in my opir	nion, death occured at the	time, date end p	plece, end due to	the couse(e) end menner ee stated.
MARCIO M. MENENDEZ MD 5820 YOLK RD BAGO. 4021212	296. SIGNATURE AND TITLE OF CERTIFIER	11 /11	7 1		29c. LICENSE NU	MBER	29d. D	ATE SIGNED	O (Month, Day, Year)
MARCIO M. MENENDEZ MD 5820 YOLK RD BAGO. 4021212	- Marco li	L'Illu	luder	LMD	00)	641	•	4/1	0/90
					5820	YORK	ND	BACI	O. 40212R
	31. DATE FILEO (Month, Day, Year)	30 REGISTRAR'S SIGN	NATURE A. Aunda M	2					

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buniat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notitled at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPAI CERTIF					MENTA	L HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (FI	irst, Middle, Last)								2. DATE	E OF DEATH		EAR 3	, TIME OF DEATH
Nasario)			Lopez	Jr.				4	1.3	_		6:35 P. M
4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.		OF BIRTH			ACE (State or Foreign
EOE OC 4:	17 yrs.	MONTHS	DAYS	HOURS	MIN.	9-	21-197	2	Country)	KLAHOMA			
505-96-4	9b. CITY.	DWN (OR LOCATION	ON OF DE			9c. COUNTY						
		oital - S	TU				imor						
RESIDENCE OF D	7000											-	
10e. STATE	10b. COUNTY			1 2 2 2 2	TY, TOWN OR		1=1					1	od. INSIDE CITY
MD.		IE ARUNI)EL	G	LEN E	_							YES 2 NO
10e. STREET AND NUMB	ER					101	. ZIP CODI				10g. CITIZE		AT COUNTRY?
7802_SO	UTHAME								061			U.S	.A.
11. MARITAL STATUS	2 NO						N? (Specify Yee Ricen, etc.)	or No- 14		– American Indien, White, etc.			
Never Merried 2 3 Widowed 4 D		FORCES? 1			1 7	T VES	2 - NO	Specifi	,	ANIC)	- Apr	Specify.	WHITE
	ECEDENT'S EDU			16a. DECEDENT					16	b. KIND OF BUS	INESS/INDUS	TRY	
(Specify	only highest grade v (0-12)	Collega (1-4 or 5	+)	(Give kind of life, Do NOT	f work done du use retired.)	iring mo	ost or workin	ng					
10		÷ (FAST I	FOOD	SE	RVIC	ΈE		FOO)		
17. FATHER'S NAME (First	, Middle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Malden	Surnama)		
NASAR	NASARIO LOPEZ SR.						FR	EDR	IKA	DeMA'	Y		
19e. INFORMANT'S NAME	G ADDRESS	(Street				nber, City or Tow		ode)					
NELSO		BURLINGTON HOLDREDGE NE. 68949											
20e. METHOD OF DISPOSITION (Name of cemetery, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State											n, State		
4 - Donetton 6 - Other (Specify) PRAIRE HOME CEMETERY HOLDREDGE NE.									NE.				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK R										ROAD 212			
H.W. JENKINS AND SONS CO. BALTO													
23. PART I. Enter the diseases, or complications that caused the death. On not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition IMMEDIATE CAUSE (Fine)													
disease or condition resulting in death) Head and Chest Injuries Due TO (OR AS A CONSEQUENCE OF):													
Sequentielly list con if eny, leeding to lmi ceuse. Enter UNDER CAUSE (Disease or I that initiated events resulting in deeth) L	mediate LYING njury	c		CONSEQUENCE									
		d										,	†
PART II. Other signif	icant condition	ne contributing to	death bu	ut not reaulting	in the und	derlyin	g ceuse	given in	Part i.	24a. WAS AN PERFOR	IMED?		WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? KIX YES 2 \(\) NO
25. WAS CASE REFERRE	D TO MEDICAL	T				26 P	LACE OF D	FATH (C)	peck only	onel			
EXAMINER?		HOSPITAL:	«Yn»	ulini a 🗆 nor	OTHER	:							E-1
27. MANNER OF DEATH		28e. DATE O		28b. Ti			JURY AT	aeldence		ner (Specify)	N HIDY OCCU	DED C	inhact Tos
1 Natural 5	Pending	4-13-	Day, Year)	1	NJURY 6P M	W	DRK? YES 2	∑ но	con	itrol o	f auto	wh	ubject los ich over- uck by ano
2 Accident 3 Suicide 8	Could not ba	26e. PLACE	OF INJURY	— At home, farm	, street, facto	ry, offi	ce		26f. LO	CATION (Street y or Town, State)			
4 Homicide	delermined	outaing	stre.								Ave. 8	Po	ttee St.,
000)			f my knowl	edge, death occu					lo the c	ause(e) and ma	nner se stated	. Ba	lto., Md.
					,y op	velty							
296. SIGNATURE AND TO	TLE OF CHICAGO	m					29c. LIC	OCM			100 000 00	1-14	Month, Day, Ybar) -90
30. NAME AND ADDRESS	OF ERSON W	10 COMPLETED CAN	ISE DF DE	ATH (ITEM 27) (Ty)	pe, Print)								
James Ka	plan, M	.D.	111	Penn S	St., B	alt	0.,	Md.	212	201			
	-												

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPIT.	TO THE FUNER	be filed within ?	IMPORTANT:

Michael

APRI 6 1990

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT 0			MENTAL	HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, La.		CTOR	LOBI				2. DATE MONTH Apri		ΥY	1990	3. TIME OF DEATH 8:05PM	
	4. SOCIAL SECURITY NUMBER 078 16 4963	5. SEX 1 M 2 D F	6. AGE (In yrs. le:	et birthday) YRS.	IF UNDER 1 YE		MIN.	TEBINA, Del Year) 1902		902	8. Bin in PLACE (State or Foreign AUStria		
_	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
5	Holy Cross Hospital					er Spr		Mor			ntgomery		
DIRECTOR	10e. STATE 10b. COU						TY, TOWN OR LOCATION Silver Spring,					10d. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO	
	10e. STREET AND NUMBER				10f. ZIP CODE 10g. CITIZEN OF WH								
FUNERAL	1121 University	-		#317	7	209	02			1	Unite	ed States	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	FORCES?	NT EVER IN U.S. AI I YES 2 T MAR OR DATES		If ye	DECENDENT B. apacify Cub YES 2 XNC	en, Mexica	an, Puarto R	? (Specify Yea Rican, atc.)	or No—	14. RACI Blac Spec	E — American Indian, k, Whita, atc. #y: White	
	15, DECEDENT'S E		16a. Di	ECEDENT'S	USUAL OCCU	PATION	dna	18b.	KIND OF BUS	INESS/IN	DUSTRY	WIIICC	
COMPLETED	(Specify only highest grade completed) (Give kind life. Do NO					of work done during most of working Luse retired.) Lle Designer				С			
BE CON	17. FATHER'S NAME (First, Middle, Last) Moshe Lob1								Middle, Malden 1SCE rt a		ble)		
10 B	190. INFORMANT'S NAME (Type/Print) Thomas J. Lob1									vn, State, Zip Code) Llifornia 92024			
	20s. METHOD OF DISPOSITION 1 V Buriel 2 Cremetion 3 R 4 Oonstion 5 Other (Specify)	amoval from State	other p	lace)	SITION (Name o			emete	20c LO Caj			lghts,	
	21. SIGNATURE OF FUNERAL SERVICE	M He	iu		DON		STEI	N HE		EMOR		FUNERAL HOME	
	23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Finel	re. List only one ce	use on each lin	е.	not enter the	mode of d	ylng, euc	ch ee cerd	llec or reapi	retory e	rrest,	Approximate Interval Between Onset and Deeth	
	disease or condition resulting in deeth)	e. acut	O (OR AS A CONSE	DOS 7	terior will my occilial inference tion					6 40			
NOL	Sequentielly list conditions, if eny, leading to immediate	Sequentially list conditions, DIE TO (OR & A CONSEQUENCE OR):											
ERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	C	OR AS A CONSE										
CER	reaulting in death) LAST	d											
7	PART II. Other significant condi	tions contributing to	desth but not	resulting	In the under	lying cause	given in	Part I.	24a. WAS AN PERFOR	RMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC										*		1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE OF	DEATH (C	heck only on	10)				
HYS	1 TYES 2 TONO 27. MANNER OF DEATH	28e. DATE O		28b. TIR	E OF 28	Home 5 🗔	Residance	¥		DW INJURY OCCURED			
ВУР	1 Natural 5 Pending 2 Accident Investigation		Day, Year)	IN	JURY M 1	WORK?	□ NO						
	3 Suicide a Could not 4 Homicide determine	street, fectory,	t, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Route Number,					
MPLETED	(Crieck only	HYSICIAN: To the best of							. ,			a) and manner as stated.	
E CO	29b. SIGNATURE AND TITLE OF COURT		70				pc. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)						
<u> </u>	IUUVVN	1 - 1	On/			1	000	0 2			111	10/00	

Georgia

10313

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

Are \$308 SILVERSPRING, 20902

191B

9c, COUNTY OF DEATH

3. TIME OF DEATH

MASSACHUSETTS

10d. INSIDE CITY YES 2 NO

6:45

8. BIRTHPLACE (State or Foreign

MONTGOMERY

18g. CITIZEN OF WHAT COUNTRY?

UNITED STATES

Specify:

14. RACE — American Indien, Black, White, etc.

WHITE

P M

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

20	-	
death.	funera	
after	by the	moval
hours	ed in	OF re
24	#	Son
within	pletely	cremat
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pa	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of	bunal
8	5	Q.
ate D	ysici	prior
certific	ding ph	(vaiene
death	atten	ental F
the	the	M
all	9	200
ires ti	signe	Health
requ	Deen	Ju
e law	has	Dant
H. H	icate	State
SICIA	certif	the
PHY	this	with
DING	After	death
TEN	TOR:	after
OR A	DIREC	Source
M	A	2
4	EB	2

2. DATE OF DEATH MONTH FREDERICK F. LIGHTBODY APRIL 9 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS 030-01-4975 1 😾 M 2 🗌 F YRS AUGUST 13 permit. Pages 1, 2, 3 should 9e, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR NATIONAL NAVAL MEDICAL CENTER BETHESDA RESIDENCE OF DECEDENT 10h COUNTY 10c, CITY, TOWN OR LOCATION 10e STATE WOODBRIDGE VIRGINIA PRINCE WILLIAM FUNERAL 10s. STREET AND NUMBER detached for use as the burial-transit 2650 GETTYSBURG COURT 22192 ge 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 2 NO 1 Never Merried 2 Merried BY 3 ♥ Widowed 4 □ Divorced WW II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co. Elementary/Secondary (0-12) College (1-4 or 5+) 10 HISTORICAL RESTORER 17. FATHER'S NAME (First, Middle, Last) 8 notified at CHARLES A. LIGHTBODY BE EDITH M. 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 MARY ANN LATORRE 2650 GETTYSBURG COURT. page pe 20e. METHOD OF DISPOSITION
1 □ Burlal 2X Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cer must Metropolitan Crematory lirector, 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Arlington, medical 23. PARTUL Enter the diseases, or complications that caused tha death. Do not onter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on sech line. IMMEDIATE CAUSE (Final the disease of condition_ METASTATIC BRAIN TUMORS resulting in death) event, OUE TO (OR AS A CONSEQUENCE OF). marked, or item 23 shows any injury, or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laeding to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reculting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER: 1 TYES 2 XNO 1X Inpatient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Reeldence 6 🗆 Other (Specify) 4 I Nursing He 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF Natural 5 Pending 1 TYES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 60 COMPLETED 6 Could not be 200 4 Homicide item 29e. CERTIFIER (Check only 1 | CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) end manner es stated. TO THE HOSPITAL TO THE FUNERAL IS be filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(e) and manner ee stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STONE 18. MOTHER'S NAME (First Middle Maiden Surname) SHEEHAN WOODBRIDGE. VA 20c. LOCATION - City or, Town, State.
Alexandria, Va. Ives-Pearson Funeral Homes Va. 22201 Approximate Intarval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 X NO OF DEATH? 1 ☐ YES 2 ☐ NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 29d. DATE SIGNED (Month, Day, Year) 10 april NATIONAL NAVAL MEDICAL CENTER BETHESDA, MD 20814-5011 DHMH-16 Rev 1/89

8

2

29b. SIGNATURE AND TITLE OF CERTIFIER

31, DATE FILED (Month, Day, Year)

PR 1.6 1990

B. PICCIRILLI

scarelle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

LT. MC. USN

32 REGISTRAR'S SIGNATURE

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE
	REGISTRAN	CENTIFICATE OF BEATTI	REG. NO.

TRAR			CERTIFI	CALE	FUEAIR		REG. NO.											
T'S NAME (First, Middle, Last)					* *		E OF DEATN			3. TIME OF DEATN								
ROBERT M. MERRITT, SR.							TH 104	12 90		1:45A.M.								
ECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTN	8.	BIRTNP	LACE (State or Foreign								
20-5716	1 🔀 M 2 🗌 F	61	YRS.			1 .	1th, Day, Year) 26/29	I N	lary	land								
			,		EATH		9c. COUNTY	OF DE	ATN									
1703 Sexton Street Baltimore																		
RESIDENCE OF DECEDENT																		
						LIMI												
							1 XYES 2 NO											
	et	21230				23 270												
STATUS									I. RACE — American Indian, Black, White, atc.									
15. DECEDENT'S EDUC	CATION	16a.	DECEDENT'S	USUAL OCCUPA	TION	18	b. KIND OF BUS	INESS/INDUS	TRY									
		,	(Give kind of w life. Do NOT us	vork done during e retired.)	most of working													
AL THE STATE OF TH	oominge (1.4 of o		Truck I	Oriver			Transpo	rtatio	on C	o.								
NAME (First, Middle, Last)					18. MOTHER'S NA					·								
ell C. Merri	tt																	
			19h MAILING	ADDRESS /Street				State Zin C	orial									
	+									21230								
	L	001 01 0				all.												
2 Cremetion 3 Reme	oval from State	othe	r place)															
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HE OF FUNERAL SERVICE LIC	2°						Home, I	nc.										
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23. PART i. Enter the disease, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate																		
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, Lest) Jean Blistei	n aka	Gina Mane	t	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 035-14-8081	5. SEX 6. AC		UNDER 1 YEAR IF UNDER 24 NRS. NTHS DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 8 - 3(-0	8. BIRT	RTHPLACE (State or Foreign				
90. FACILITY NAME (If not institution, give	street and number)	96	Annapolis		DEATH					
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	γ \	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?				
100 Madiso	1 · A ·		nna Polis 107. ZIP CODE 2140	3		1 YES 2 NO WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES & NO	13. WAS DECENOENT OF HISPAI If yes, specify Cuben, Mexics 1 — YES 2 NO Specifi	NIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	Bie	RACE - American Indian, Black, White, atc. Specify: White				
15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondery (0-12) 1 2		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Homema	done during most of working tired.)	18b. KINO OF BUSI						
17. FATHER'S NAME (First, Middle, Last) Morris Rotman	1	•		ME (First, Middle, Maiden S						
19e. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rural	Route Number, City or Town	, State, Zip Code)					
Burton Bliste 20a. METHOD OF DISPOSITION *EDBurlel 2 Cremetton 3 Rer 4 Donellon 5 Other (Specify)		20b. PLACE OF DISPOSITION	nroe Ct.Anna DN (Name of cometery, crematory or ark Cemetery	20c. LOC	ATION - City or Vich, R.					
21. SIGNATURE OF FUNEAUL SERVICE V		11	22. NAME AND ADDRESS OF FA	VCILITY I Ves-Pe						
disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events assulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other signiticent condition	ons contributing to deet	h but not resulting in 1	he underlying cause given in	Part i. 24a, WAS AN / PERFORI	MED?	4b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	EXAMINER? HOSPITAL: OTHER:									
27, MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJU (Month, Day, Ye	RY 28b. TIME C	28b. TIME OF USC. INJURY AT WORK? M 1 YES 2 NO 28d. OESCRIBE HOW INJURY OCCURED							
3 Suicide 8 Could not be 4 Homicide determined	281. LOCATION (Street a City or Town, State)	ATION (Street and Number or Rural Route Number, or Town, State)								
one)			it the time, date end place, end du			e(e) end manner es stated.				
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 4690. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Print)										
30. NAME AND ADDRESS OF PERSON W	12 n UL -	16 Murr	say Aue, Au	najolis	Jud	2/401				
APR 16 1990	which theriday .	hodelle	V			OHMH-18 Rev 1/8				

Section of the second

FOR STATE REGISTRAR MATTIE R. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 ORRICK CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR MATTIE 20 PM ORRICK 1GGS 4 990 8. BIRTHPLACE (State or Foreign Country) mt. Pages 2, 3 should 8. AGE (in yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 233-03-2511 1 M 2 DE 7-26 4 ILLINOIS 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE KESWICK RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Baltimore Md. 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 21211 U. S.A. 700 W. 40th St. use as the bunial-transi retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 □ YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14, RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried BY Specify: White 3 Wildowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple for Clementary/Secondary (0-12) College (1-4 or 5+) Housewife Own Home 12 4 director, page 5 should be detached 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Florence Lee Riggs Charles A. Carskadon H BE notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 0 21204 7519 Club Rd. Ruxton, Md. John R. Orrick after death. Page 6 may be 99 20e METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or must Park Cemetery Baltimore City Loudon examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Henry W. Jenkins Funeral Home 4905 York Rd. Balto Md. 21 Lan Lac the removal medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arreat, **Approximete** filled in by shock, or heert fellure. List only one ceuse on each line. interval Between 10 Onset and Daath IMMEDIATE CAUSE (Finel ysician and completely fille prior to burial, cremation, event, the diseese or condition FAILURE OR AS A CONSEQUENCE OF TOURS resulting in deeth) traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to other t CAUSE (Diseese or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Health and has been signed by te Dept. of Health and m 23 shows any in **AVAILABLE PRIOR TO** COMPLETION DE CAUSE 1 TES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item certificate h HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 - Residence 6 - Other (Specify) marked, or 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c 1 Natural 5 Pending м 1 YES 2 NO BY After t 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) THE HOSPITAL OR ATTENDIA THE FUNERAL DIRECTOR: A filed within 72 hours after de 28 ls 6 Could not be determined COMPLETED 4 Homicide item . 29e. CERTIFIER TEX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(e) and manner ee stated. (Check only one) TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. SHE SHANATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D 0 5 403 29d. DATE SIGNED (Month, Day, Year) BE 1990 Hartman M.D II. NAME AND AODRESS OF PERSON 2 WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) HESMET - 700 W 46 TST. RTMAN, 17.0

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

79.42

FALSIO, ELRIUME

B/LUC CO/XU

BALTIMORE, MARYLAND 21203-3146

13146,

BOX

P.0.

DIVISION OF VITAL RECORDS,

PHYSICIAN: The

HOSPITAL OR ATTENDING

FUNERAL within 72 h

CCO

32 REGISTRAR'S SIGNATURE

HE HE

2 D 9

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. hours after death with the State Dept. of Health and Mental Hyglene prior to bunial, cremation, or removal. Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Pages		
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DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Mygene prior to burial, crematitem 28 is marked, or Item 23 shows any Injury, or other traumatic event, it	filled ir	he me	
DIRECTOR: After this certificate has been signed by the attending physician and com hours after death with the State Dept. of Health and Mental Hygiene prior to burial, Item 28 is marked, or Item 23 shows any Injury, or other traumatic ov	pletely	ent, 1	
DIRECTOR: After this certificate has been signed by the attending physician a hours after death with the State Dept. of Health and Mental Hyglene prior to Item 28 is marked, or Item 23 shows any Injury, or other traums	burial,	rtic ev	
DIRECTOR: After this certificate has been signed by the attending physhours after death with the State Dept. of Health and Mental Hygiene pitem 28 is marked, or Item 23 shows any Injury, or other it	iclan ar	raums	
DIRECTOR: After this certificate has been signed by the attendit hours after death with the State Dept. of Health and Mental Hystem 28 is marked, or item 23 shows any Injury, or item 24 is marked, or item 25 shows any Injury, or item 25 is marked.	ng phys giene p	other	
DIRECTOR: After this certificate has been signed by the hours after death with the State Dept. of Health and Me Item 28 is marked, or Item 23 shows any Injur	attendi	y, or	
DIRECTOR: After this certificate has been signed hours after death with the State Dept. of Health a liem 28 is marked, or Item 23 shows any	by the	ı Injur	
DIRECTOR: After this certificate has been shours after death with the State Dept. of Pitem 28 is marked, or item 23 show	signed lealth a	vs am	
DIRECTOR: After this certificate has hours after death with the State Delitem 28 Is marked, or Item 2:	been of h	3 shov	
DIRECTOR: After this certifications after death with the Statem 28 Is marked, or It	ate has	ет 2	
DIRECTOR: After this hours after death with Item 28 Is marked	certific the St	I, or I	
DIRECTOR: Aft hours after dea Item 28 Is n	er this	narked	
DIRECT hours at	OR: Afti	8 Is m	
	DIRECT hours an	Item 2	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 3/27/AEG.NO. FOR STATE REGISTRAR 1 -DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH PRESCO 14-1990 ELRIDGE 1:15 6. AGE (In yes, limit birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BHITHPLACE /State or Foreign DAYS 212-18-8341 DAT 2 DF 2 SID. CITY, TOWN OR LOCATION OF DEATH Se. COUNTY OF DEATH FACILITY NAME (V not institution evi Nd Ahp DIRECTOR RESIDENCE OF DECEDENT INSIDE CITY 10b. COUNTY IDE. CITY, JOWN OR LOGATION IDA. STATE 1 yes 2 □ NO FUNERAL U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify WIN OR DATES FORCES? If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married В 4 Divorced 196. DECEDENT'S USUAL OCCUPATION (Give kind of work done during mon the. Do NOT(lige retiped.) COMPLETED IS. DECEDENT'S EDUCATION (Specify only highest grade i Elementary/Secondary (0,12) College (1-4 or 5+) METHOD OF DISPOSITION Burial 2 Cremation 4 Donation 8 Other (Sp. 23 PART I. Enter the diseases, or complications that caused the death shock, or heart fellure. List only one cause on each line. Approximata Interval Batween Onset end Death IMMEDIATE CAUSE (Final disease or condition NFE reculting in death) MOSTAS DUE TO FOR AS A CONSEQUENCE OF 1mm obilet LTA3 K CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF) Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): ACHDENT AND CAUSE (Disease or injury that initiated evente resulting in death) LAST PERPHERAL VASCULAR 579 NS-POST ... PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 260 TRUPMA 33 CJ - 310 8A 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1.48 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation Natural 1 YES 1 NO BY 2 Accident Is ma 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 28 4 Homicide determined CERTIFIER (Check only Certifier)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Item IMPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, 29b. BIOMATURE AND TITLE OF CERTIFIER BE 30 9 51 17524126 D 2 39. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

38

NEA ZE

THE STATE OF THE S

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEP CERT		OF HEALTH		NTAL HYGIENE REG. NO.	E			
	HELEN N. PO	•					DATE OF DEATH DAY PRIL 11,	1990 YEA	3. TIME OF DEATH 9:30 A.M. M		
ı	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birtho	**			DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign ountry)		
	218-01-5466	1 🗆 M 2 💢 F	□ M 2 XF 77 YRS. MONTHS DAYS HOURS MIN. MARCH 25,1913								
_	. FACILITY NAME (If not institution, g	ive street and number)		9b. CITY	TOWN OR LOCATIO			9c. COUNTY O	F OEATH		
5	3553 JUNEWAY BALTIMORE										
일	10a. STATE 10b. CO		10c.	CITY, TOWN C	R LOCATION				10d. INSIDE CITY LIMITS?		
ā	MARYLAND			BALT1	MORE				1 🔀 YES 2 🗌 NO		
FUNERAL DIRECTOR	10e. STREET AND NUMBER	***			101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
E	3553 JUNEWA	12. WAS DECEDENT E	VED IN U.S. ADMED	112		.1213	PRIGIN? (Specify Yes		S. A.		
ĭ B	1 Never Married 2 Married 3 XXWidowed 4 Divorced	FORCES? 1 [YES 2 NO	1	f yes, specify Cuber	, Maxican, Pu		E	pecify: WHITE		
日	15. DECEDENT'S (Specify only highest g		(Give kind	IT'S USUAL OF	CCUPATION during most of working	9	16b. KIND OF BUS	INESS/INOUSTR	Y		
COMPLETED	Elamentary/Secondary (0-12) NA	College (1-4 or 5+) NA		NTEEN	MANAGER		CHURC	CH HOSP	ITAL		
BE CO	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle NOT KNOWN NOVICKI PAULINE KO										
6	19a. INFORMANT'S NAME (Type/Print)	(n.11611mn					Number, City or Town				
VICKIE A. SCHMIDT (DAUGHTER) 3553 JUNEWAY, BALTIMORE, MARYLAND 21213 200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of cometery, cremetory or 200. LOCATION — City or Town, State											
	1 N Buriel 2 Cremation 3 4 Donation 5 Other (Specify)		other place)	ST. SI	ANISLAUS		BAI	LTIMORE			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES 3331 BREHMS LANE, BALTII								D. 21213		
ahock, or heart fellura. List only one cause on each line.									Approximsta Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due to (or as a consequence of): c. Due to (or as a consequence of):										
	PART ii. Other significant cond	Itions contributing to de	eath but not requit	ing in the ur	nderlying cause g	lven in Par			24b. WERE AUTOPSY FINDINGS		
8							PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
ME									1 TES 2 DING		
ä											
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE				-			
PHYSICIAN: MEDICAL	1 YES 2 NAO	1 - Inpatient 2 - E	R/Outpatient 3 DO	TIME OF	sing Home 5 1-R6		Other (Specify)	NJURY OCCURE	D		
ВУ Р	1 Natural 5 Pending	(Month, Day,		INJURY M	WORK?						
	2 Accident investigat 3 Suicide 6 Could no 4 Homicide determine	28a. PLACE OF I	NJURY — At home, fac. (Specify)	rm, street, fac	tory, office	28	f. LOCATION (Street I City or Town, State)	and Number or R	ural Route Number,		
COMPLETED	(Crieck brilly	HYSICIAN: To the beat of m							use(a) and menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERT	PHY	SICIAN		29c. LICE	NSE NUMBER	R 7	29d. DATE SIG	INEO (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON DR. MY THAN	WHO COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print) VKLIN	50-2	DR,	BALTO.	MD	21237		
		100	1)				
	31. DATE FILED (Month, Day, Year) APR 1	6 1990 4	S SIGNATURE	-Randa	L						

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ITEMS:23 thru 28f per ME G-662

90 10239

-25-90 cm	
FOR	STATE
STATE	OINIL

	FOR STATE REGISTRAR	STATE OF I	MARYLAND A				EALIH ANL DEATH) MFI		GIENE G. NO.	:			
	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL		<i>DE</i> /(111)		DATE OF DE	ATH		-32	3. TIME OF	DEATH
	Patricia				Pri	CO		'	MONTH 4	BAY		90	1:16	Дм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER 24 HRS	s. 7. ¢	OATE OF BIF	RTH		s. BIRTH	PLACE (Stat	e or Foreign
- 1	212-60-6540	1 🗌 M 2 💢 F	38	YRS.	MONTHS	DAYS	HOURS MIN	1	Month, Day,	-51	- 1	BAI	TO.,	MD.
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN OR LOCATION O			DEATH			9c. COUN	TY OF O	EATH	
œ		330 E. 28th Street									N/	A		
DIRECTOR	RESIDENCE OF DECEDENT	SIDENCE OF DECEDENT												
E I	10e. STATE 10b. COUNTY	•		1	Y, TOWN O								10d. INSID	S?
	MARYLAND N/A	7		В.	ALTI	MOR	E						1 X YES	
AL.	10e. STREET AND NUMBER					10f.	ZIP CODE			ļ	10g. CITIZ	EN OF V	WHAT COUN	TRY?
띮	330 EAST 28th	STREE	T				21218				US			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2XX Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A I YES 2XXX WAR OR DATES		1	f yee, epe	ENDENT OF HIS city Cuben, Mei 2 NO Sp	xicen, Pu	en, Puerto Ricen, etc.)			14. RACI Black Spec	E — America k, White, etc iffy: BLA	
<u>a</u>	15. DECEDENT'S EDUC	CATION	16e. D	ECEDENT'S	USUAL OC	CCUPATIO	N		16b. KIND	OF BUS	INESS/IND	JSTRY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+) (in	Give kind of fe. Do NOT u	work done d ise retired.)	gunng mo	it or working							
립			UNEM	PLOY	MEN	T								
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden									Maiden S	Surname)			
	PHIL HARRIS						AL	LIN	E HA	RRI	S			
BE	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	G ADDRESS	S (Street a	nd Number or Ru	ural Route	Number, Cit	ty or Town	n, State, Zip	Code)		
2	ALLINE SHUMAN			2749	ROU	ND	ROAD		(212	25)				
	20a. METHOD OF DISPOSITION 1 🔀 Buriel 2 🗆 Cremation 3 🗆 Ram	auni from State	20b. PLAC		SITION (Na	me of cen	netery, crematory	or		20c. LO	CATION — (City or To	own, State	
	4 Oonetion 5 Other (Specify)	_ WES	TERN	STA	R C	EMETE	RY		BAL	TIMO	RE,	MAR	RYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	100-		22.	NAME AN	ID ADDRESS OF	FACILIT	TY					
	1 1 m .7	TOK	. In		l R	DOM	N/THO	MDC	ONE	ц	D	0	ROY	1,1,33
9	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. ACUTE 1	NARCOTIC O (OR AS A CONS	INTO		AOIT.	1							rval Batween let and Deeth
CERTIFICATION	Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
C	PART ii. Other algnificent condition	na contributing t	o deeth but no	t resulting	in tha u	nderlyln	g cause givar	n in Par	rt I. 24a.		AUTOPSY	24		OPSY FINDINGS
: MEDICAL									_ 1 <u>5</u>	PERFOR			OF DEATH	E PRIOR TO ON OF CAUSE ? 2 \(\sum \) NO
AN	25. WAS CASE REFERRED TO MEDICAL						LACE OF DEATH	1 (Check	only one)					
Sic	EXAMINER? 1 X YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu		ne 餐 Reelde	nce 8 [Other (Spe	ecify)				
BY PHYSICIAN: MED	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	280. DATE O	DF INJURY Day, Year)	26b. TI	ME OF YJURY M	We	URY AT ORK? YES 2 1 NO	TT	NKNOW		NJURY OC	CURED		
	3 Suicide 8 Could not be determined	homa, farm	, atreet, fac	ctory, offic	•		281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1634 E. PRESTON STRE				STRE			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best ER: On the beele of	of my knewledge, exampletion end/										(e) end men	ner as stated.
	29b. SIGNATURE AND TITLE OF FERTIFIE	1	1. 1	5			29c. LICENSE	E NUMBE	ER		29d. OAT	E SIGNE	ED (Month, D	ay, Year)
TO BE	30 NAME AND AODRESS OF PERSON W	DIVI	AUSE OF PEASON (I	TEM 271 /54	ne Print)		OCME				•	4	/8/90	
	Julia C. Good:						111	Pen	n St.			Bal	to.,M	D.
	31, BATE FILED (Month, Day, Year) APR 161998 44	32. REGIST	RAR'S SIGNATURE											-
	1000	TO DESCRIPTION												DHMH-16 Rev 1/8



DHMH-16 Rev 1/89

85**

1546 ITEMS:23 thru 28f per ME G-662 4-25-90 cm

-		iit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Airs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ed, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the death certificate be executed within	s certificate has been signed by the attending physician and completely filled in by the fith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, or other traumatic event, ti
DIVISION OF VITAL R	TO THE HOSPITAL OR AITENDING PHYSICIAN: The law i	TO THE FUNERAL DIRECTOR: After this certificate has be be filed within 72 hours after death with the State Dept.	IMPORTANT: If Item 28 is marked, or Item 23 s

90 AV YEAR 10 TH S. BIRTHPLACE Country) Y2 Mary 9c. COUNTY OF DEATH Baltimore 10d. 1 U. S. Celty Yea or No- etc.) 14. RACE — Ar Black, Whit Specify: White OF BUSINESS/INDUSTRY allstown High Meiden Surname) Helmrich y or Town, Stale, Zip Code)	INSIDE CITY LIMITS? YES **Z* NO COUNTRY? A. merican indian, te, stc. e School									
S. BIRTHPLACE Country 2 Mary 9c. COUNTY OF DEATH Baltimore 10d. 10g. CITIZEN OF WHAT C U.S City Yea or No- etc.) 14. RACE — Ar Black, Whit Specify: White OF BUSINESS/INDUSTRY allstown High Meiden Surname) Helmrich y or Town, Stalla, Zip Code)	County Inside City Limits? YES AN NO COUNTRY? A. merican indian, te, etc.									
Baltimore 10d. 10g. CITIZEN OF WHAT C U.S Celty Yea or No- etc.) 14. RACE — Ar Black, Whit Specify: White OF BUSINESS/INDUSTRY allstown High Meiden Surname) Helmrich y or Town, Stalla, Zip Code)	INSIDE CITY LIMITS? YES **Z* NO COUNTRY? A. merican indian, te, stc. e School									
10d. 10g. CITIZEN OF WHAT (U.S. 10thy Yea or No- etc.) 14. RACE — Ar Black, Whit Specify: White OF BUSINESS/INDUSTRY allstown High Meiden Surname) Helmrich y or Town, Stala, Zip Code)	INSIDE CITY LIMITS? YES **Z* NO COUNTRY? A. merican indian, te, stc. e School									
10g. CITIZEN OF WHAT COUNTY U.S PICHY Yea or NO— 14. RACE—AR Black, White Specify: White OF BUSINESS/INDUSTRY allstown High Meiden Surname) Helmrich y or Town, Stala, Zip Code)	COUNTRY? A. merican indian, te, atc. e School									
of Business/Industry allstown High Meiden Surneme) Helmrich y or Town, Stale, Zip Code)	merican indian, te, atc. e School									
of Business/INDUSTRY allstown High Meiden Surneme) Helmrich y or Town, State, Zip Code)	School									
Meiden Surname) Helmrich y or Town, Stata, Zip Code)										
y or Town, State, Zip Code)	MD 21117									
Owings Mills,										
arrison, Maryl	and									
Directors, In										
	interval Betwee Onset end Dea									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PERFORMED? AVAIL YES 2 NO OF D	LABLE PRIOR TO IPLETION OF CAUSE DEATH?									
**										
TMCECTED DDI										
(Street and Nymber or Bural Boute i	. *Co., MB									
(Street and Number or Rural Route m. State) 3 6 1 0 ANTE LSTOWN, BALTO.	, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 4-12-90									
	m, State) 36 10 ANT F. LSTOWN , BALTO, and menner as stated.									

+	,	nit. Pages 1, 2, 3 should	
DALLIMORE, MARITAND 21203-3140	24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
12140,	xecuted within	and completely burial, cremati	latic event, t
DIVISION OF VITAL RECORDS, F.O. DOA 13149,	7 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fun filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPIT	TO THE FUNER	IMPORTANT:

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, Last)	JAMES N. QUI	NN JR.			2. DATE OF DEATH	4/11/90	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 027-12-5748 98. FACILITY NAME (If not institution, give	1 x M 2 □ F 69	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER \$4 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) JAN. 8, 19		BIRTHPLACE (State or Foreign Country) MASSACHUSETT				
TOR	HOWARD COUNTY GE		AL	COLUMB		AIN	HOWA					
DIRECTOR	10e. STATE 10b. COUNT	OWARD		, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	100. STREET AND NUMBER 5850 MORNING BIR	D LANE		101	21045			S.A.				
В	11. MARITAL STATUS 1 Never Merried 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAT OR D WW			ecify Cuban, Mexica	IIC ORIGIN? (Specify n, Puerto Rican, atc.)		. RACE — American Indian, Black, White, atc. Specify: WHITE				
COMPLETED	15. DECEOENT'S ED (Specify only highest grad Elementary/Secondary (0-12)						BUSINESS/INDUST					
SON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	ien Surname)					
BE (JAMES N. QUIN	N SR.				NCE A. M						
10	19a. INFORMANT'S NAME (Type/Print) 19b. MARION E. QUINN 19b. MARION BIRD LANE, COLUMBIA, MD. 21 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town,											
	20a. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Ret 4 Donation 5 Other (Specify)	noval from State	METRO CR	EMATORY		C.F	ATONSVII					
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE OF	Le	LEROY		SSELL C.		FUNERAL HOMES				
	23. PART I. Enter the diseases, prahock, or heart failure IMMEDIATE CAUSE (Final disease pr condition resulting in death)	List only one cause on e	each line.	e puh		haa cardiac or re		Interval Between Onset and Death				
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Pheurica Due to (or as a consequence of): Out to (or as a consequence of): Congressive Leant Ruller d.											
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	30004										
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 THO											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI OTHER:	LACE OF DEATH (Ch	eck only one)						
	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Pinpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	4 Nursing Hom IE OF 28c. INJ IURY WO	JURY AT ORK?	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUP	RED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a PLACE OF INJUR	Y — At home, ferm, softy)		M 1 YES 2 NO Teet, factory, office 281. LOCATION (Street and Number or Rural Route Num City or Town, State)							
COMPLETED	one)	SICIAN: To the best of my know						cause(a) and manner as stated.				
TO BE C	29b. SIGNATURE AND TITLE OF CENTUR	Mills	pu		29c. LICENSE NUI	MBER 4	1	IGNED (Worth, Day, Your)				
	30. NAME AND ADDRESS OF PERSON W	Ellicott Cen	for Dru	Print)	10266 Ellialt	City	Henryl	res				
	APR1 6 1990	32. REGISTRAR'S SIG										

funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely limed in by the funeral director, page 5 should be detache the kiled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	after death. Page 6 ma	y the funeral director, noval.	cal examiner must
	ted with	completely ined in bi	event, the medi-
	n certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral di be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or other traumatic
	quires that the death	n signed by the atte	tows any injury.
	IYSICIAN: The law re	is certificate has bee ith the State Dept. o	ed, or item 23 sh
,	OR ATTENDING PH	DIRECTOR: After this hours after death w	item 28 is mark
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: It

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CI	ERTIF	ICATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Midd	le, Last)					2. DATE	OF DEATH		202	3. TIME OF DEATH
CLINTON S. F	RAMPLEY					MONTH 4	13	9	OYEAR	325 P M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le:	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	T	6. BIRTH	IPLACE (State or Foreign
213-14-5272	1 🔀 M 2 🗌 I	89	YRS.	MONTHS DAYS	HOURS MIN.	4/2	0/1900)	Mar	yland
9e. FACILITY NAME (If not institution	on, give street and number)			9b. CITY, TOWN	OR LOCATION OF DI		0,1500		NTY OF D	J
Summit Nursin	ng Home				nsville				timo	
RESIDENCE OF DECEDE	COUNTY		100 CIT	Y, TOWN OR LOCA	TION			_		10d. INSIDE CITY
Maryland	Baltimor	e	100.011	Towson	TION					LIMITS?
10e. STREET AND NUMBER				10	f. ZIP CODE			10g. CITI	ZEN OF \	VHAT COUNTRY?
8415 Bellona	Lane Apt.	718			21204			U	.S.A	
11. MARITAL STATUS	12. WAS DECED	ENT EVER IN U.S. AF			CENDENT OF HISPAI				14. RACI	E — American Indian.
1 Never Married 2 Marri 3 X Widowed 4 Divorced		1 YES 2 YES E WAR OR DATES	NO		secify Cuben, Mexica 2 X NO Specif		Rican, atc.)		Spec	k, White, atc. White
15. DECEDEN	T'S EDUCATION	16a, DI	ECEDENT'S	USUAL OCCUPATI	ON	16h	KIND OF BU	SINESS/IND	USTRY	***************************************
(Specify only high Elementary/Secondary (0-12)	est grade completed) College (1-4 or	(0	Give kind of version Do NOT us	work done during me	ost of working					
8th Grade	College (1-4 or		aitia	nce		Ιн	ealth	Care	Fac	eility
17. FATHER'S NAME (First, Middle,	Lest)				18. MOTHER'S NA					
Robert Rample	·				Annie I					
19a, INFORMANT'S NAME (Type/Pr	4	140	b MARINO	APPRESS (Ottoor)	and Number or Rural				0.40	
Janet R. Gir		18			th Way]					21043
20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS		metery, crematory or			CATION -		
to Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		J.orr		Park Cer	neterv		Woo	od law	m N	Maryland
21. SIGNATURE OF FUNERAL SER		A	u I II C		ND ADDRESS OF FA	CILITY	1 1100	Jaraw	119 1	aryrand
+ Chaton	1. 115	nother			rd Funera					
23. PART I. Enter the die as	tee or complications	that caused the d	eeth Do r	14107]	Wilkens	Ave.	Ralt:	imore	MI	21229 Approximate
shock, or heert	feilure. List only one	cause on each lin	e.	not enter the in-	oue or dying, suc	AII 88 COIC	nec or reep	natory str	eet,	Interval Between
IMMEDIATE CAUSE (Finei disesse or condition resulting in deeth)	M	etas	ZaZ	in CF	+ Lu	ver	y.			Onset and Death
,	DUE	TO (OR AS A CONSE	OUENCE O	F):	8		-			
	C a C	19	pr	osta	LL					
Sequentielly list conditione, if any, leeding to immediate		TO (OR AS A CONS	DUENCE O	F):						
cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
that initieted events	DUE	TO (OR AS A CONSE	QUENCE O	F):						
resulting in death) LAST	d									
PART II. Other significant co	anditions contributing	to death but not	ma au ittim a	In the underlyin	a sauss alves la	Don't	24e. WAS AN	LIMARAV	T	WEDE AUTOROX ENGINEES
PART II. Other significant of	onditione contributing	to death out not	readiting	in the underlyin	ig ceuse given in	Part I.	PERFOI		246	AWAILABLE PRIOR TO
						_	1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
						_				1 - YES 2 - NO
			_							
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:				LACE OF DEATH (C	heck only or	10)			
1 TYES 2 NO		2 ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing Ho	me 6 🗆 Residence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH	(Mont	OF INJURY h, Day, Year)	26b. TIM	IE OF 28c. IN	JURY AT ORK?	28d. DE	SCRIBE HOW	INJURY OC	CURED	
1 Natural 5 Pend 2 Accident Inves	Ing tigation		- 00		YES 2 NO					
3 Suicide 6 Could	d not be build	E OF INJURY — At hing, atc. (Specify)	ome, farm,	street, factory, offi	ce	28f. LOC City	ATION (Street or Town, State)	and Number	r or Runal	Route Number,
one) A	NG PHYSICIAN: To the bear									a) and manner as stated.
	7						- Proved en		il urano	240000000000000000000000000000000000000
29b. SIGNATURE AND TITLE OF	CENTIFIER V	0	1	not .	D / 3	MBER	2	29d. DAT	E SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF PER	RSON WHO COMPLETED	CAUSE OF DEATH (IT	EM 27) (Type	e, Print)	1 - 13	, ,			100	, , , , , ,
J.E.	ROWE	-	Ja	iner	net	N.	ma	ing	H	me
31. DAYE FILED (MEN)	330 22.19	AND A HENNES	-Acind	WL.				1		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the safer death. Page 6 may be retained by the hospital or attending physician.

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTI	FICATE OF	DEATH	REG. N	10.				
1. DECEDENT'S NAME (First, Middle, Last THOMAS RAD				-	2, DATE OF DEATH	100- 9	OYEAR	. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 2 1 8 - 0 3 - 7 1 4 2	5. SEX	6. AGE (In yrs. lest birthday 9 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign		
90. FACILITY NAME (if not institution, give BON SECOURS RESIDENCE OF DECEMENT	street and number)		96. CITY, TOWN BALTI	OR LOCATION OF DI			NTY OF DEA			
10a, STATE 10b, COUN MARYLAND N/A 10a, STREET AND NUMBER			BALTIMO			Lie arri	1	Od. INSIDE CITY LIMITS? XXYES 2 NO AT COUNTRY?		
229 NORTH MOU	JNT STRE	ET	- 1.	21223			USA	AI COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12, WAS DECEDEN' FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 X NO WAR OR DATES	II yes, e		NIC ORIGIN? (Specify en, Puerto Ricen, etc.) fy:		14. RACE - Black, Specify:	- American Indien, White, etc. BLACK		
15, DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5 +	(Give kind of life. Do NOT	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) RETIRED							
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meid	den Surname)				
THOMAS RANDO	OLPH	l an man			LLE RANI	7 22 6 4.5				
HELEN RANDOI	LPH				STREET (,			
20a, METHOD OF DISPOSITION	movel from State	20b. PLACE OF DISP	POSITION (Name of co	metery, crematory or	20c.	n, State				
4 Donation 5 Other (Specify)		WESTER	N STAR	CEMETER		ALTIM	ORE,	MARYLAN		
23. PART I. Enter the discesses, o	tte	K. Jones	BROW	N/THOMP	SON F.H.		(21)	BOX 4433 223)		
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSEQUENCE COR AS A CONSEQUENCE COR AS A CONSEQUENCE	OF): Lé Cle OF): Trelle	rdio Va	saily	Dis	•			
PART II. Other algoriticent condition of the state of the	Tie C	deeth bernot resulting	ig in the underlying the second of the secon	ng cause given in	PER	AN AUTOPSY FORMED? S 2 NO		WERE AUTOPSY FINDIN WARLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINERY	HOSPITAL:	3 ER/Outpatient 3 □ DOA	OTHER:	PLACE OF DEATH (C	heck only one) 6 Other (Specify)					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	INJURY 28b. 1	TIME OF 28c. IF	LJURY AT PORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OC	CCURED			
2 Accident 3 Suicide 8 Could not be determined 4 Homicide Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(e) and manner as stated.										
(Check only								end manner as stated		
(Check only 1 CENTIFYING PH ONE) 2 MEDICAL EXAMI	INER: On the basis of e		ation, in my opinion,		e time, date and place	29d. DAT	the cause(s)	Month, Day, Year)		

* 2 W

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mertial Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BE COMPLETED BY PHYSICIAN: MEDICAL

9

										91	1 1024	4	
	1 - FOR STATE REGISTRAR	STATE OF M					EALTH AND I		GIENE G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			4				2. DATE OF DE	ATH	YEAR	3. TIME OF DEATH		
	Frank Doug	glas			Rio	chai	rdson	4-12-		TEAR	7:31 A	M	
	4. SOCIAL SECURITY NUMBER						IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,		8. BIF	TTHPLACE (State or Foreignitry)	ın	
	245-56-4843	11√2M 2 □ F	48	YRS.	MONTHS	DAYS	HOURS MIN.	8-5-4	1	N.	~~~CAROLINA	A	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	O NWO	R LOCATION OF DI	EATH	9	c. COUNTY OF	FDEATH		
8	2725 Walbrook A	venue			Balt	-i mo	ore City			N/A	N/A		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			10c CI	Y, TOWN OR						10d. INSIDE CITY		
🖺				100. 011	BALT						LIMITS?		
	MARYLAND N/	A	DAL.			_	ZIP COOE		1.	On CITIZEN O	F WHAT COUNTRY?	-	
2 H2		ATTENTIF	APT. 309 21216						13	USA	T WHAI COUNTAIT		
121	5 2725 WALBROOK	12. WAS DECEDENT					Z I Z I O ENDENT OF HISPAI	IIC DEIGNA (Co.	alfu Van au		ACE — American Indian.		
FUN	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO	H y	/es, spe	city Cuban, Mexica	n, Puerto Rican,	etc.)	Bi	lack, White, atc.		
BĄ	3 Widowed 4XXDivorced	AR OR DATES		1 ''	_ YES	2 A I A Specif	y:		Sk	BLACK			
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCC	UPATIO	N of advantion	16b. KINO	OF BUSIN	ESS/INOUSTRY		\neg	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done dui se retired.)	my mo	st or working						
릴			D	ISAI	BLED								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA			mame)			
BE	FRANK RICHAR	DSON						ET COI					
0	19a, INFORMANT'S NAME (Type/Print)	19				nd Number or Rural							
-	MARVIN RICHA		3712 CRANSTON AVENUE (21229)										
	20a. METHOD OF DISPOSITION 1XXXBurial 2 Cremation 3 Rem	oval from State		OF DISPO						BALTIMORE, MARYLA			
	4 Donation 5 Other (Specify)	CENTRE	WES	LEKI		22. NAME AND ADDRESS OF FACILITY				LITHORE, MARILAN			
	21. SIGNATURE OF PONEHAL SERVICE LI	and to t									O. BOX 44	+33	
	Kimell	UK.	fon	60	BR	OWI	N/THOMP	SON F.	н.		(21223)		
	23. PART i. Enter the diseases, or shock, or heart feliure.				not enter ti	he mo	de of dying, suc	h ea cardlec c	r reepirat	lory errest,	Approximate interval Betw		
	IMMEDIATE CAUSE (Fine)	List only one ceu	se on eech un	3-							Onset end D		
	diagona pr appelition	. Hyperte	nsive A	rter	ioscle	erot	tic Card	iovascu	ları	ni seas			
	resulting in death)		OR AS A CONSE				oro ouru	1014000		240000			
z	The second secon	b											
[음]	Sequentielly list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSE	OUENCE C	OF):								
2	ceuse. Enter UNDERLYING CAUSE (Disease or injury	c											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE (OF):								
[5]		d											
1	PART II Other significant condition	an annihila dan ta	dooth but oot		In the read		a anna alama la	Dord I Ore	MAC AN AU	money	OAL WERE AUTOROV EIND	mice	

AMAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? Lupus erythematosus, peptic ulcer disease with 1 [] YES 2 [XNO pyloric stenosis and organic brain syndrome 1 TES 2 NO Inspection 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)

PERFORMED?

1 TES 2 NO	1 Inpatient 2 ER/Outpatient 3 DC	A 4 ☐ Nursing Home 5 ☐ Residence	8 🗆 Other (Specify)
7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide S Could not ba 4 Homicide datermined	28e. PLACE OF INJURY — At home, to building, etc. (Specify)	rm, street, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
A. CENTIFIEN A CERTIFYING PHYSI	CIAN: To the best of my knowledge death or	curred at the time date and place, and du	e in the cause(s) and manner as stated

BIGHATURE AND TITLE DE CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
407	OCME	▶ 4-12-90

James A. Kaplan-Assistant	111	Penn	St.,	Baltimore,	MD	2120

No. P. Commission of the Commi

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	STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
ı		CI	ERTIFICATE	OF DEAT	ГН		REG. NO.

1 - STATE REGISTRAR	STATE	OF MARYLA		MENT OF H	EALTH AND	MENTAL	HYGIENE REG. NO.		0 10210	
1. DECEDENT'S NAME (First, WILLAMINA	ROBIN SMIT	MINNA R				2. DATE O MONTH	F DEATH DAY	YEA A	1 to 30 h	
4. SOCIAL SECURITY NUMBER 220-24-3995		6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DITE O	BIRTH Day, Year) 3/1894	8, BI	nthPLACE (State or Foreign suntry) aryland	
9a. FACILITY NAME (II not ins	Ave.	Michigan Control of the Control of t				EATH		Balti		
4606 College RESIDENCE OF DECI 10a. STATE Maryland	10b. COUNTY Baltimor							10d. INSIDE CITY LIMITS? 1 □ YES 2 √2 NO		
10a. STREET AND NUMBER 4606 Colleg 11. MARITAL STATUS	ge Ave.			10	21229		1	U.S.	of what country?	
3 X Widowed 4 Divor	force:	CEDENT EVER IN 157 1 TYPES GIVE WAR OR DAT	2 K NO	If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea of if yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
(Specify only Elementary/Secondary (0-	DENT'S EDUCATION highest grade completed) 12) College (1-		16a. DECEDENT'S (Give kind of w life. Do NOT use Salespe	rork done during mo e retired.)		16b.		SINESS/INDUSTRY		
			Salespe	215011	18. MOTHER'S NA		BAker Iddle, Malden Su Remibac	mame)	A	
Jean C. Bai					nd Number or Rural Ave. Ba	Route Numbe	or, City or Town,	State, Zip Code		
20a, METHOD OF DISPOSITION 1 Surial 2 Cremetion 4 Donation 5 Other 21. SIGNATURE OF FUNERAL	3 Ramoval from St Specify)	inte	PLACE OF DISPOS other place) oudon Par	rk Cemet	ery ADDRESS OF FA	ACII ITY		more.	Maryland	
- Jocki	e D. Sh	annor	'	Hubba 4107	rd Funer Wilkens	al Ho	Balti	more.	MD 21229	
iMMEDIATE CAUSE (Findisease or condition resulting in death)	ert failure. Liat only o		ch ilne.		^	01	no con la april	tory arrest,	Approximate interval Between Onset and Death	
if any, leading to immed cause. Enter UNDERLY										
PART II. Other algnificat	nt conditions contribu	ting to death bu	it not resulting i	n the underlyin	g cause given in	Part i.	24s. WAS AN AI PERIORM 1 YES		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NQ	
25. WAS CASE REFERRED TO EXAMINER? YES 2 NO 17. MANNER OF DEATH	MEDICAL HOSPIT	A1:		. 26. P	ACE OF DEATH (C	heck only one	») ·			
	28a. I	ATE OF INJURY Month, Day, Year)	28b. TIM	4 ² ☐ Nursing Hor E OF 28c. IN	JURY AT ORIC?	Y	(Specify) CRIBE HOW INJ	URY OCCURE	D .	
2 Cartette	28e. F	LACE OF INJURY - uliding, atc. (Special	A1 home, farm, s	street, factory, offi	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
CONSUM ONLY	FYING PHYSICIAN: To the CAL EXAMINER: On the be								use(a) and manner as stated.	
296. SIGNATURE AND TITLE HOLD SO, MANE AND ADDRESS OF	OF CERTIFIER PERSON NAME OF COMPLET	TI MOOP	OFYA	Myl-C	29c. LICENSE NU	MBER A 85		DATE SIG	NED (Month, Day, Your)	
STAYLEY Z	Fe son	era. W	1/ 1/ MR dans A	E Che	ne It	3/2/	7			
	- 0 .010	0			,					

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a safer death. Page 6 may be retained by the hospital or attending physician.

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STATE OF	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF	F DEAT	Ή –		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAF	3. TIME OF DEATH	
		Mary		_EWSKI		April 1	Î5 1990		
	4. SOCIAL SECURITY NUMBER 153-03-5177	The second second			F UNDER 24 HRS.	(Month, Day, Year) AUG. 14,	1000 N	TTHPLACE (State or Foreign untry) EW JERSEY	
	9a. FACILITY NAME (If not institution, give si						9c, COUNTY OF		
OR	FRANKLIN SQUARE	FRANKLIN SQUARE HOSPITAL			MORE			more County	
EGI		RESIDENCE OF DECEDENT 10b. COUNTY			N			10d. INSIDE CITY	
DIRECTOR	MARYLAND BA		BALT IMOR	RE			LIMITS?		
FUNERAL	100. STREET AND NUMBER 4839 VICKY ROAD			10f. ZI	21236		U. S. A.		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XXWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	Z/VNO	If yes, specif	DENT OF HISPANI fy Cuban, Mexican ANO Specify:	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, atc.	
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	k done during most o	of working	18b. KIND OF BU	ISINESS/INDUSTR	/	
COMPLETED	Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA	TEXTIL	E MACHIN	NE OPERA	TOR TEX	TILE FA	CTORY	
S	17. FATHER'S NAME (First, Middle, Lest)			10	8. MOTHER'S NAM	ME (First, Middle, Maider	Sumame)		
BE	ELIAS KORCH					A HLAWACH			
10	190. INFORMANT'S NAME (Type/Print) MARY ANN STROOSNY	ADEB (DVIICHA				Number, City or Town			
	20e. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT				OCATION — City of	Town, State	
	1 Burlel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from Stata	PAR	KWOOD CE	METERY	BAL	TIMORE,	MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		SCHTMUN	ADDRESS OF FAC	ERAL HOMES	TNC.	et i	
	* Eugene)	- Last	no in	9705 BI	ELAIR RO	DAD, BALTI	MORE, M	D. 21236	
	23. PART I. Enter the diseases, of shock, or heart failure.	complications that cause List only one cause on		t anter tha moda	of dying, such	h aa cardiac or reap	piratory arrest,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Multiorg	an failur	e; ascit	es, ren	al failur	_{e,} heart	Onset and Death	
_			theroscle			fai	lure		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	0.	A CONSEQUENCE OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C. OHE TO (OR AS	A CONSEQUENCE OF):				·		
E	that initiated events reaulting in dasth) LAST	d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	PART ii. Other significant condition	na contributing to death	but not resulting in	the underlying c	cause given in	Part J. 24s, WAS A	N ALITOPSY	24b. WERE AUTOPSY FINDINGS	
CAL				and on outlying o	Table given in		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
BY PHYSICIAN: MEDIC							- X- NO	OF DEATH? 1 YES 2 NO	
N.									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	CE OF DEATH (Che	eck only one)			
HYS	1 YES 2 X NO 27. MANNER OF DEATH	1X XInpatient 2 - ER/Our				8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCURE		
Y P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	RY WORK					
COMPLETED B	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Sp	IY — At home, farm, str ec/ly)	eet, factory, offica		28f. LOCATION (Street City or Town, State	t and Number or Ru e)	rel Route Number,	
PLE		ICIAN: To the best of my kno	wledge, death occurred	at the time, date an	nd place, and due	to the cause(s) end m	enner ea stated.		
OM	one) 2 MEDICAL EXAMINI	ER: On the basis of examinati	on and/or investigation,	In my opinion, deal	th occured at the	time, data and place, a	and due to the cau	se(a) and menner as stated.	
BE (29b. SIGNATURE AND TITLE OF CERTIFIE	2 01	10	2	29c. LICENSE NUN	MBER		NEO (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, F	Print)	N/A		1-4-	15-90	
	Michele Spauldi	na. M.D.	9000 Fra	nklin Sa	uare Dr	rive Ba	ltimore	21237	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		-86-	19711100-				
	HLKTP 12	74							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Dent, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
2	22	=

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH		REG. NO.
1. 0	DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

	REGISTRAR		CE	KIIFI	CATE OF	DEALL	F	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2, DATE OF				3. TIME OF DEATH
1	ROBERT E. SCH	NEIDER					APRI:	r. 12 ^{DA}	1990	YEAR	7:00 P.M.
- 1	4. SOCIAL SECURITY NUMBER		05 (- 1-1				7. DATE OF S		, 1000		IPLACE (State or Foreign
- 1	The state of the s		AGE (In yrs. last i		IF UNDER 1 YEAR	IF UNDER 24 HRS.	(Month, De	y, Year)		Count	
	219-42-1604	1 XXM 2 □ F	46	YRS.			DEC .	18, 19	943		MD.
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN (OR LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH
œ	NORTH ARUNDEL	HOSPITAL.			GLEI	N BURNIE			ANNE	ARUNDEL	
2	RESIDENCE OF DECEDENT	HODI TIME			0.00	DOTATE			211111	11110	NULL
DIRECTOR		Y	- 1	10e CITY	TOWN OR LOCAT	TION					10d, INSIDE CITY
<u>E</u>	H	OWARD									LIMITS?
	MARYLAND				COLUMBIA	Α					1 YES ZANO
4	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	4913 GOOD HOURS	PLACE				21044			II.	S. A	\ .
쀨	11. MARITAL STATUS	12. WAS DECEDENT EV	ED 4111 0 1011		1						
51	1 Never Married 2 Married	FORCES? 1 1				ENDENT OF HISPAN ecity Cuben, Mexica			or No-	Blac	E — American Indien, k, White, etc.
ĭ B	3 Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES		1 TYES	2 NO Specify	/ :			Spec	thy:
	3 Wildings 4 Divides				1						WHITE
	15. DECEDENT'S EDU (Specify only highest grad		16a. DEC	EDENT'S L	SUAL OCCUPATION	ON .	16b, KII	D OF BUS	INESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. L	Do NOT use	ork done during mo retired.)	ist or working					
7	NA	NA		CAT.F	S MANAGI	₹ R		TOTE	ES IN	IC.	
Ξ		NA		JALILI	Junito						
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA		-,			
H	EDWARD H. S	CHNEIDER				L	LLIAN	C. E	SLACK		
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	and Number or Rural i	Route Number,	City or Town	n, State, Zij	o Code)	
임	DIANE SCHNEI	DER (WIFE)	1	013 (COOD HO	IDS DI ACI	COLL	TMRT A	MA	PVI	AND 21044
- 1		DEK (MILE)					a, COL	_			
- 1	20a. METHOD OF DISPOSITION 11 Burlet 2 ☐ Cremation 3 ☐ Ren	noval from State	other place			metery, crematory or					own, State
	4 Donation 5 Other (Specify)	oce		MOI	KELAND (CEMETERY		BA	ALTIM	IORE,	, MARYLAND
- 1	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE				NO ADDRESS OF FA					
	1/-	101.			SCHI	MUNEK FUN BREHMS I	VERAL I	HOMES	S, IN	IC.	
	Ah Th	both			3331	BREHMS I	LANE,	BALT1	LMORE	E, MI	0. 21213
\neg	23. PART I. Enter the diseases, or	complications that car	used the dea	th. Do n	ot antar the mo	da of dying, auc	h aa cardiac	or reapi	retory ar	rest,	Approximate
- 1	ahock, or haert failure.										
- 1		. List only one cause of	on aach iina.								interval Between
	IMMEDIATE CAUSE (Final										Onset and Death
	iMMEDIATE CAUSE (Final disease or condition			44.4	ARREST						
	IMMEDIATE CAUSE (Final	a. CARDIO	PUL MEA	JENCE OF	ARREST						
7	iMMEDIATE CAUSE (Final disease or condition	a. CARDIO	PUL MEA	JENCE OF	ARLESC HOIA -	PRI BABL	£.				
NOI	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentiely list conditions,	a. CARDIO	PUL MEA	JENCE OF	ARREST HMIA -	PRI BABL	٤				
ATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	a. CARDIO	PUL MEA	JENCE OF JENCE OF	ARREST HMIA -	PRIBABLE	£				
ICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. CARDIO DUE TO (OR b. CARDI DUE TO (OR C. COR	AS A CONSECU AS A CONSECU AS A CONSECU WARY	LHY7 JENCE OF ALK	HAIA -	PRIBABLE	E 5:BLE				
TIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CARDIO DUE TO (OR b. CARDI DUE TO (OR C. COR	PUL MEA	LHY7 JENCE OF ALK	HAIA -	PRIBABLE 186. PIS	E SIBLE				
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AL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CARDIO DUE TO (OR DUE TO (OR C. DUE TO (OR d.	AS A CONSEON AS A CONSEON AS A CONSEON AS A CONSEON	LHY7 JENCE OF JENCE OF	HMIA - : :AY 0 5 54 :	PRIBABLE 18E - Pos		a. WAS AN		241	Onset and Death Onset and Death
ICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CARDIO DUE TO (OR DUE TO (OR C. DUE TO (OR d.	AS A CONSEON AS A CONSEON AS A CONSEON AS A CONSEON	LHY7 JENCE OF JENCE OF	HMIA - : :AY 0 5 54 :	PRIBABLE 18E - Pos	Part I. 24	PERFOR	MED?	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CARDIO DUE TO (OR DUE TO (OR C. DUE TO (OR d.	AS A CONSEON AS A CONSEON AS A CONSEON AS A CONSEON	LHY7 JENCE OF JENCE OF	HMIA - : :AY 0 5 54 :	PRIBABLE 18E - Pos	Part I. 24		MED?	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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COMPLETED BY PHYSICIAN: MI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	a. CARDIC DUE TO (OR DUE TO (OR C. DUE TO (OR d. DUE TO (OR d. LONG CONTRIBUTING TO deal PAGE OF INJUMENTAL CONTRIBUTION OF THE CONTRIBUTION	AS A CONSEON AS	JENCE OF Suiting is DOA 28b. TiME injuite, farm, se	the underlying the un	G ceuse given in LACE OF DEATH (Ch. TO SINCE SUPPLY AT ORK? YES 2 NO TO SINCE SUPPLY AT ORK? TO SINCE SUPPLY AT ORK?	Part I. 24 1 Seck only one) Chy or 3 Other (S 28f. LOCATIC Chy or 3	PERFOR YES 2 pecify) IBE HOW If Own, Street a own, State)	NJURY OC	course or Rural steel.	Onset and Death Do. Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
COMPLETED BY PHYSICIAN: MI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. CARDIC DUE TO (OR C. COPA DUE TO (OR C. COPA DUE TO (OR d. COPA DUE TO (OR d. COPA DUE TO (OR d. COPA DUE TO (OR d. COPA DUE TO (OR d. COPA DUE TO (OR d. COPA DUE TO (OR d. COPA DUE TO (OR d. COPA DUE TO (OR d. COPA DUE TO (OR d. COPA DUE TO (OR d. COPA DUE TO (OR d. COPA DUE TO (OR d. COPA DUE TO (OR DUE TO (AS A CONSEON AS	JENCE OF Suiting is DOA 28b. TiME injuite, farm, se	the underlying the un	PA BABC: 15 C - Pos. Ig couse given in LACE OF DEATH (Ch. The S Residence JURY AT DRK? YES 2 NO The one of place, and due death occurred at the lace.	Part I. 24 1 Seck only one) 8 Other (S) 28d. DESCR 28f. LOCATIC City or 1	PERFOR YES 2 pecify) IBE HOW If Own, Street a own, State)	NJURY OC	course or Rural steel.	Onset and Death D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) end manner as stated.
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-1	clan.	-transit permit. Pages 1, 2, 3 should		
	0 THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	I'M the State Dept. of health and whental hydrene prior to burnal, cremation, or removal.	MPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the at	be filed within 72 hours after death with the State Dept. of Mealth and Menta	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or o

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
CEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATH

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	REG. I	10.			
- 1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH	DAY	YEAR	3. TIME OF DEATN	
	George	Angus	Sn	aith			4	10	90 TEAR	м	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN			IPLACE (State or Foreign	
i	212-20-2937	1 🖾 M 2 🗌 F	66	YRS.	MONTHS DAYS	HOURS MIN.	9/14/23	3		Maryland	
LOR	99. FACILITY NAME (If not institution, give str Maryland General		al			timore (9c. COUNTY OF DEATN Baltimore City		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			10c. CI	TY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
	Maryland Balti	more Cit	У		Baltin			1 X YES 2 NO			
FUNERAL	501 W. Fran	reet		10	ZIP CODE	201	10g. C		WNAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS OCCEDEN FORCES? 1. IF YES, GIVE W	AR OR DATES	MED	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:	E — American Indien, k, White, atc. Inite			
TED	15. OECEOENT'S EDUC (Specify only highest grade of	15. OECEOENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life, Do NOT use retired,)						BUSINESS/I	NOUSTRY		
COMPLETED	Elementery/Secondery (0-12)	nter									
	17. FATHER'S NAME (First, Middle, Last) Unknown						AME (First, Middle, Mail	den Surname)		
BE											
5	199. INFORMANT'S NAME (Type/Print) 199. Mailling Address (Street end Number or Fural Poute Number, City or Town, State, Zip Code) 2236 Gillis Road Woodbine, Maryland									21797	
	20e. METNOD OF OISPOSITION 1X Buriel 2 Cremetion 3 Remo	val from State	other pi	ece)	SITION (Name of ce			LOCATION		own, State aryland	
	4 Donetion 5 Other (Specify)	ENSEE	_ raiyi	illu	22 NAME A	ADDRESS OF EA	CHITY				
	Stochen	m. I	entr	я	Lori	ng Byers	Funeral			Inc. n, MD 21133	
	23. PART I. Enter the diseases, or co									Approximete	
	shock, or heert fellure. L IMMEDIATE CAUSE (Finel				~	0 1				Interval Between Onset end Death	
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) s. Acute Myolardial Infanction OUE TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions b.										
CERTIFICATION	If any, leeding to immediate ceuse. Enter UNDERLYING										
IFIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
ERI	resulting in deeth) LAST										
AL C	PART II. Other significant conditions					g cause given in		AN AUTOPS	SY 241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DICAL	Senle	Cisthn	MUTE 1	am	chups			S 2 NO		COMPLETION OF CAUSE OF DEATH?	
ME	## ## ## ## ## ## ## ## ## ## ## ## ##	nstrigu	15x50	na	Pich	Us.				1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	id	- rug	cac	74. P	LACE OF OEATH (C	hack only one)				
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		8 Other (Specify)				
PHYSICIAN:	27. MANNER OF GEATH	28e. OATE OF (Month, D	INJURY	28b. TI	ME OF 28c. IN	JURY AT	28d. DESCRIBE HO)W INJURY (OCCURED		
ВУР	1 Netural 5 Pending 2 Accident Investigation	(MONN, D	ay, Ibai)			YES 2 NO					
0	3 Suicide 8 Could not be 4 Nomicide determined	28e, PLACE C building,	of INJURY — Al ho etc. (Specify)	ome, farm	street, factory, offic	e e	281. LOCATION (Sti City or Town, S		ber or Rural	Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSK						a to the cause(s) and time, date end place			(a) and manner as stated.	
	290. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (MODI										
BE	Jami Tunzal	an				Diri	14	•	4.7	12/511	
5	30. NAME AND ADDRESS OF PERSON WHO	13	SE OF DEATH (ITE	M 27) (Ty);	e, Print)	10	eto. In	. 0	7.1	13.1.1	
	31. DATE FILED (Month, Day, And In)	1 001	TAR'S SIGNATURE	ang	no Vo	. 176	vero. M	w.	4	144	
	CH VT	000	1	-	- Marthark					,	

funeral director, page 5 should be detached for use as the burial-transit

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PHYSICIAN: MEDICAL CERTIFICATION

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COMPLETED

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permit. Pages 1, 2, 3 should

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i	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex	ŀ
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	FOR 1 - STATE REGISTRAR	STATE OF MA) / DEPAR						YGIENI EG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	THERIN	E	5	UTE	ER.			2. DATE OF C	DEATH	2-5	78
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs	. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, Da		77	6. BIF
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH									6-/	9c. COU	
DIRECTOR	Baltimore County General Hospital Randallstown									BA	47	
딥	10a. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION									
DIR	Maryland Bali	timore Cou	Не	bbvi	11e							
IAL	10e. STREET AND NUMBER				101	. ZIP CODE				10g. CIT	IZEN O	
빌	3223 N. Rolling F				2	21207				USA	1	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 NO If ye			AS DECENDENT OF HISPANIC ORIGIN? (Specify Yea o yea, specify Cuban, Maxican, Puarto Rican, atc.) YES 2 X NO Specify:				or No—	14. R/ BI Sp	
	15. DECEDENT'S EDU (Specify only highest grade		16a	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b. KINO OF BUSINESS/INOUSTR			OUSTR
COMPLETED	Elamentary/Secondary (0-12) 8th Grade	College (1-4 or 5+)	Н	iii. Do NOT l Iomemal								
ő	17. FATHER'S NAME (First, Middle, Last)						18, MOTI	IER'S NA	ME (First, Middl	le, Maiden	Surname)	
BE (Martin Reich						Na	omi	Glick	ζ		
2	19a. INFORMANT'S NAME (Type/Print)			The State of the					Route Number, (p Code)
-	Mrs. Frances Enos	3	_						Baltin	nore,	, MD	
	20a. METHOD OF DISPOSITION 1∑XBurial 2 ☐ Cremetion 3 ☐ Rem		20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION —						City or			

90 10249

3. TIME OF OEATH 008

10d. INSIDE CITY LIMITS? 1 YES 2 X NO

14. RACE — American Indian, Black, White, stc.

White

24b. WERF AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

6. BIRTHPLACE (State or For

Maryland

9C. COUNTY OF DEATH
BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

Specify

21207

20c. LOCATION — City or Town, State

Olive (Cemetery	Randallstown,	Maryland
	22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral 8728 Liberty Rd. Ra		
na.	enter the mode of dylng, such as cardiac	or respiratory arrest,	Approximate Interval Betwee Onset and Deet
	ICARDIAL IN	IFARCTION .	

24s. WAS AN AUTOPSY

1 YES 2 NO

PERFORMED?

Sequentially list conditions, If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

IMMEDIATE CAUSE (Finel

disease or condition

resulting in deeth)

4 Homicide

4 ☐ Donation 5 ☐ Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

~KA

23. PART. Enter the diseases, or complications that caused the death. Do not shock, or heart feilure. List only one cause on each lina

DUE TO (OR AS A CONSEQUENCE OF

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not requiting in the underlying cause given in Part I.

DUE TO (OR AS A CO

Will have been seen as a second secon			-	—	1 TES 2 NO							
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)										
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient :	OTH	ER: lursing Home 5 - Residence	8 Other (Specify)								
27. MANNER OF DEATH 1 Netural 5 Pending 2 Recident Investigation	28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK?	28d. DEȘCRIBE HOW INJURY OCCUP	RED							
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, i	actory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								

29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. ation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated.

SIGNED (Month, Day, Year)

	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
96. SIGNATURE AND TULE OF CENTERER M D	29c. LICENSE NUMBER D 27/57	29d. DATE S

BALTIMORE C	DUNTY	GENERAL	HOSPITAL
APRI 6 1990	32. RECUELLA	(Henrichten - Company)	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he start with the State Day of Health and Mental Houlene orior to burial cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
APR 16 1990

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												90	10	1250
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /			OF H			MENTA	AL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME O	F DEATH
	CATHERINE	Ε.		SC	ZER	BIC	KT		Apr			990	1:50	ΔM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi		IF UNDER		IF UNDER	24 HRS.		E OF BIRTH	/ 1		PLACE (State	
	217 07 0145	1 M 2 7 F			MONTHS	DAYS HOURS MIN.		MIN.		nth, Day, Year)	_	Countr	y)	_
	217-07-0145 9e. FACILITY NAME (If not institution, give si	Λ	84		41 4000	, TOWN O				5-190			ylan	d
œ								ON OF DE						
0	Meridian Cromwe	11 Nurs	sing Ho	me	Par	kvi.	lle				Bal	Ltim	ore	Co.
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c CIT	V TOWN	OR LOCATI	ION						10d. INSID	E CITY
<u>=</u>														8?
	Maryland			Ba.	Ltim	-								2 NO
FUNERAL						- 1	ZIP COD						VHAT COUN	TRY?
Ä	6401 Loch Raven	Blvd.	Kirkwo	od I		_						5.A.		
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 2				13.	WAS DECE	ENDENT C	F HISPAN	NIC ORIG	IN? (Specify Yea Pican, atc.)	or No-	14. RACE	— America	n Indian,
	IF YES, GIVE WAR OR DATES					1 YES				riteart, atc.)		Speci		
BY	3 🔯 Widowed 4 🗌 Divorced						-					Wh	ite	
COMPLETED	15, DECEDENT'S EDU		(Gi	ive kind of	work done	CCUPATIO during mos	N at of world	na	16	b. KIND OF BUS	INESS/INI	DUSTRY		
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)					d.)								
AP.	8 Years		Se	amst	tress				S	Skille	d La	abor		
ō	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First	, Middle, Maiden	Sumame)			
	William	т.	Lew	is			Emr	na	G.	н.	Mis	cter		
BE	19a. INFORMANT'S NAME (Type/Print)				ADDRES	S (Street ar					ber, City or Town, State, Zip Code)			
2	Emma A. Yonych		1	517	Cot	+ > 0	o T.:	no	Тот	son,	Mars	71 an	a 21	204
			20b. PLACE						TON			City or To		204
	20a, METHOD OF OISPOSITION XX Burial 2 Cremation 3 Rem	oval from State	other pla	ece)										
- 1	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE LIC		- St.	Mary	/S C	hur	ch (<u>leme</u>	eter	y Ham	pder	1, M	aryl	and
	21. SIGNATURE OF PURE LICE LICE	ENSEE			722. V	NAME AN	ip addre	SS OF FA	Joh	nson,	P.A.	Fun	eral	Home
	- (1) IVIIAM	18.1	HMOR	mi)	/ 8	521	Loc	ch F	Rave	n Blv	d.To	owso	n,MD	21204
	23. PART I. Enter the diseases, or	omplications th	at caused the de	ath. Do	not ente	tha mod	da of dv	ing, suc	ch as ca	rdiac or respi	ratory ar	rest.	1 App	roximate
	shock, or heart fellure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final disease or condition () +													
	resulting in death) a. (Interior Clevatic Corwary artery algebra													
	DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentially flet conditions, b. Dur to one sequence of													
유	If any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):									
S	CAUSE (Disease or injury	с							_					
ERTIFICATION	that initiated events	OUE TO	OR AS A CONSE	QUENCE O	F):									
	resulting in death) LAST													
2	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS													
¥.	PART II. Other significant condition	s contributing to	death out not r	esuiting	in the u	nderlying	cause	given in	Part I.	24a. WAS AN PERFOR		246	AMAILABLE	
MEDICA									_	1 TYES 2	□ NO		OF DEATH	ON OF CAUSE
M													1 TYES	2 🗌 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF E	DEATH (C)	hack only	one)				
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ noa	OTHE			eeldenee	8 [] OH	her (Specify)				
¥	27. MANNER OF DEATH	28a. DATE O		28b. TIR		26c, INJ				ESCRIBE HOW I	NJURY OC	CUBED		
	1 Netural 5 Pending		Day, Yoar)		JURY	WO	RK?	- NO						
ВУ	2 Accident Investigation	20, 21 407	OF IN HIRE		-		/E\$ 2 [140	051.5					
0	3 Suicide S Could not be 4 Homicide determined	building	OF INJURY — At ho , etc. (Specify)	me, tem,	street, 784	tory, office				CATION (Street in the street i		er or Rumal i	Floute Numbe	90
ETED	N. C. C. C. C. C. C. C. C. C. C. C. C. C.													
PL		CIAN: To the best o	f my knowledge, de	ath occur	red at the	time, data	and place	e, and due	e to the c	enuse(a) and ma	nner as st	rted.		
COMPL	0110) 2 MEDICAL EXAMINE												e) and mann	er as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNET) (Month, De	v Year)
BE	Maria C. K	gwalen	hi w)				52		2			5-90	
2	30. NAME AND ADDRESS OF PERSON WI				e Shioti			~ '			/	16		

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	FOR STATE REGISTRAR	STATE OF A	MARYLAND /				IEALTH DEAT			YGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	No.							2. DATE OF	DEATH			TIME OF DEATH	
	JANICE		5	CHA	REI,	BE	R		MONTH 04-	08-0		YEAR	. 905 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ias	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		6. BIRTHPL	ACE (State or Foreign	
	096 34 8557	1 M 2 F	45	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D.	31-4	14	New Y	rork	
	Sa. FACILITY NAME (If not institution, give s	treet and number)	13		9b. CIT	Y, TOWN C	VN OR LOCATION OF DEATH 9c. COUN							
Œ	SHANY GRAVE	ADVE	NTIST	4.4							26			
8	RESIDENCE OF DECEDENT			wp.	11/11		ROC	KVII.	TE			MOHES	gomery	
DIRECTOR	Maryland Mon	tgomery		10c. CITY, TOWN OR LOCATION Gaithersbur								10	d. INSIDE CITY	
۵	Haryrand Mon	cgomery					Gal	Lner	sburg			1 2	YES 2 NO	
FUNERAL	10a. STREET AND NUMBER					101	. ZIP CODI	E			10g. CITIZ	EN OF WHA	T COUNTRY?	
E	9113 Roundleaf W	ay					208	79				Unite	d States	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.				13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	Specify Year	≫ No—	14. RACE -	American Indian,	
	1 Never Married 2 Married FORCES? 1 YES 27 IF YES, GIVE WAR OR DATES			NO			2 NO		n, Puarlo Rica	in, atc.)		Specify:		
ВУ	3 Widowed 4 Divorced												White	
Ē	15. DECEDENT'S EDU (Specify only highest grade	carrion completed)	ſG	CEDENT'S	work done	durina mo	ON ost of working	g	16b. Kil	ND OF BUSI	NESS/INDU	JSTRY		
W	Elementary/Secondary (0-12)	Collage (1-4 or 5	+)	. Do NOT u										
A P	12 years	Library Assista										ounty	Library	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NAME (First, Middle, Maiden Surname)							
BE	Aaron Schechter							Nettie Sacks eet and Number or Rural Route Number, City or Yown, State, Zip Code)						
2	19a. INFORMANT'S NAME (Type/Print)										- 10			
	Albert L. Schrei	ber							aither	sburg	, Ma	rylar	d 20879	
	20s. METHOD OF DISPOSITION VX Burial 2 Cremation 3 Rem	oval from State	20b. PLACE other pi	OF DISPO	SITION (N	ame of cer	metery, cren	natory or		20c. LOG	ATION — C	aty or Town	, State	
	XXBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		- Judea	n Me						Olne	y. M	aryla	ind	
	21. SIGNATURE OF FUNERAL SERVICE LIC	^					M ADDRE			TI MEN	AODT A	אוזים ד	NERAL HOME	
	Douard M.	Xtein											ON. D.C.	
	23. PART I. Enter the diseases, pr	complications that	t caused the de	eath. Do	not ente	r the mo	da of dy	ing, suci	h as cardiae	or respin	etory arre	est,	Approximate	
	ehock, or heart fellure. List only one causa on each line.									Interval Between Onset and Deeth				
	IMMEDIATE CAUSE (Final disease or condition	CARA	DAU H	Heart PHESHE								11/001		
	reaulting in death)	DUE TO	(OR AS A CONSE	CONSEQUENCE OF):									year	
_	_	AHAGASO	SUFRAS									16 lears		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE C)F):								10/00	
X	cause. Enter UNDERLYING	. (.)	PIDEMI	A.										
E	CAUSE (Disease or Injury that Initieted events	DUE TO	(OR AS A CONSE	QUENCE C	OF):									
E	resulting in death) LAST	4												
		-												
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	s contributing to	death but not	resulting	In the u	nderlyin			Part I. 24	PERFORM			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
8	MOHOW	10 10	149E	· ICH	PAID	ow	THER	214	1	☐ YES &	NO		DMPLETION OF CAUSE F DEATH?	
ME	Court	CHUB	1941	Mon	217							1	YES 2 NO	
ä		Ro	U 13 Up	CK								ł		
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)					
S	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	4 🗆 Nu		ne 5 🗆 R	aldence	S 🗌 Other (S	ipectfy)				
F	27, MANNER OF OEATH	28a. DATE OF (Month, L		28b. TII	ME OF	28c. IN.	JURY AT DRK?		28d. OEŞCR	IBE HOW IN	JURY OCC	URED		
ВУ								1 YES 2 NO						
	3 Suicide 6 Could not be	26a. PLACE C building	of INJURY - At he atc. (Specify)	oma, farm,	atreet, fac	ctory, offic	en		281. LOCATI	ON (Street ar Town, State)	nd Number	or Rural Rou	te Number,	
TE	4 Homicide detarmined													
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, d	eath occur	red at the	time, data	and place	, and dua	to the cause	(a) and man	ner aa state	ıd.		
MC	and and												nd manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE	R _c					29c. LIC	ENSE NUI	MBER		29d, DATE	SIGNED /	fonth, Day, Year)	
BE	Muse	a.M					7	CIVI			1	101	70	

TITLE OF CERTIFIER MP 29b. SIGNATURE

29c. LICENSE NUMBER 16147

RD

ROCKULLE

29d. DATE SIGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KOPP (TDXT SWAPP Y GRO VE

30. NAME AND ADDRESS OF PER VRCREGORO 31. DATE FILED (MOITH, DOS), VOLUME APR1 6 1990 32, REGISTRAR'S SIGNATURE

after death. Page 6 may be retained by the hospital or attending physic BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PP.
TO THE FUNERAL DIRECTOR: After th
De filed within 72 hours after death w
IMPORTANT: If item 28 is mark

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2	physician and completely filled in by the funeral director, page 5 ene prior to burial, cremation, or removal.	trau	l
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THIS PHISION. HE MAY INQUITE UNIT TO COLUMN TO COLUMN TO COLUMN THE MAY INCLUMENT TH	After this certificate has been signed by the attending physiciar death with the State Dept. of Health and Mental Hygiene prior :	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified	
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TO BE COMPLETED BY FUNERAL DIRECTOR

1	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) Bessie V Stotler					2. DATE OF DEATH DO A = 9 = 90	NY YEA	3. TIME OF DEATH	
4.	. SOCIAL SECURITY NUMBER 233-78-4226		E (In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		INTHPLACE (State or Foreign buntry) WVa.	
[1]	9a. FACILITY NAME (If not institution, give street and number) Washington County Hospital RESIDENCE OF DECEDENT			Hagers	town	АТН			
0	10a. STATE 10b. COUNTY WVa Morgan			keley S			10d. INSIDE LIMITS' 1 U YES :		
ERA	Rt. #1 Box 722			101. ZIP CODE 25411			USA		
6 3	1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	FORCES? 1 YES 2						RACE — American Indian, Black, White, etc. Specific White	
COMPLETED		Me Do NC			ON ist of working	Own H	RY		
범 	17. FATHER'S NAME (First, Middle, Last) I Saac Dawson 19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						9)		
2	Betty Cogan 106 Meadow Lark Lane Shepherdstown, WVa 25443 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent computer of competent competent computer of competent compet							25443	
- 10-	XXBurlel 2 Cremation 3 Removal from State Other place) Greenway Cemetery Berkeley Spring 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY. Helsley-Johnson Funeral Home 306 Union St. Berkeley Springs, WVa 254 23. PART I. Enter the disasses, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately 1. Appr								
i	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consciuence of):								
IFICATI	Sequantially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evante resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
ዿ ჼ	PART II. Other algolificent condit	n but not resulting i	n the underlyin	g cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO								
BY PHY	17. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	DEATH 26a. DATE OF INJURY 5 Pending 26b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED						ED	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, building, etc. (Specify)				office 281. LOCATION (Street and Number or Rural Route Number City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NUMBER D 21457			1 > 4/11/90		
ABBUL WATERD, UD- 1610- OAKHILL NE HAGERSTOWN MI							mg 2174.		
	APR 1 6 1990	Julie Kurdon A	andell		· · · · · · · · · · · · · · · · · · ·			DHMH-16 Rev 1/8	

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examiner	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner in the COMPI ETED BY DHYSICIAN: MEDICAL CERTIFICATION
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral dire	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire
r death. Page	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page

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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last) Kathryn M. Tr						2. Date of Oeath MONTH April 12, 1990 12:00 Noons					
	4. SOCIAL SECURITY NUMBER 5. SEX					7. DATI	7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign					
	216-24-6594 1 M 2 XF	1 □ M 2 🔀 F 88			YRS. MONTHS DAYS HOURS MIN.			1-8-02			Maryland	
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DE			EATH 9c. COUNTY			NTY OF D	OF DEATH	
OR	Cherrywood Manor Nursing		Reis	tei	stown			more				
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN OR	LOCAT	ION					10d, INSIDE CITY	
DIRECTOR	Maryland Baltimore			Reiste							LIMITS?	
اد	10a. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF			IZEN OF V		
FUNERAL	6104 Deer Park Road			21136					U.S.A.			
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR								or No— 14. RACE — American Indian, Black, White, etc.			
BY F	1 Never Merried 2 Merried FORCES? 1 YES 2 X N 3 X Widowed 4 Olvorced FYES, GIVE WAR OR DATES			1 ☐ YES 2 X NO Specif						Spec	Specify:	
				OFDERITIO HOURS - OCCUPATION			16b. KIND OF BUSINESS/INDUSTR				White	
	(Specify only highest grade completed) (Gir			CEDENT'S USUAL OCCUPATION live kind of work done during most of working . Do NOT use retired.)			10	B. KIND OF BUS	INESS/IN	DUSINT		
P	Elementery/Secondary (0-12) College (1-4 or 5	Housewife										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden S	Surname)			
BE C	John Joseph	Marr				Edna	a Es	telle N	litc	hell		
TO B	19e. INFORMANT'S NAME (Type/Print)					nd Number or Rural F					01106	
-	Mrs. Kathy Snyder	_				k Road	Ke1				21136	
	20a. METHOD OF DISPOSITION 1 XI Burlel 2 Cremetion 3 Removal from State	other place	ce)			natery, crematory or				City or To		
	4 Donetion 5 Other (Specify) Gle			n Haven Cemetery Glen Burni.					e, MD			
	Steph m		Loring Byers Funeral Directors, Inc.									
	mer III										, MD 21133	
	25. PART i. Enter the diseases, or complications the ehock, or heart fellure. Liet only one ca	at caused the dea use on each line.	ith. Do	not enter th	ie mo	de ot dying, suc	n ae ce	rdiac or reepii	ratory e	reet,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel disease or condition							Onset end Death				
	resulting in death) a oue TO	oras a consequence of:										
z		rtenescle			دد ل	scula	Dv.	eese				
CERTIFICATION	Sequentielly list conditione, if eny, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
길	cause. Enter UNDERLYING CAUSE (Dissesse or Injury the lightend extends OUE TO (OR AS A CONSEQUENCE OF):											
E	thet initiated events resulting in death) LAST								[
AL	PART II. Other significant conditions contributing to death but not re			eaulting in the underlying cause given in			Part i. 24a. WAS AN AUTOPSY PERFORMED?			248	AMILABLE PRIOR TO	
ă	Avarria, Arthrit					1 YES 2 💢 NO			OF DEATH?			
M										1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATH (Ch	eck only	onel				
SIC	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1											
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28e. OATE O		28b. TIR		8c. INJ	URY AT		ESCRIBE HOW IN	JURY O	CURED		
ВУ Б	1 Netural 5 Pending 2 Accident Investigation	M 1 YES 2 NO			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At hom building, etc. (Specify)			ne, farm, street, fectory, office					Route Number,			
COMPLETED	4 Homicide determined											
릴	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and piece, and due to the cause(a) and manner as stated.											
Ö	Z MEDICAL EXAMINED: On the best of statishastion end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(e) and menner ee stated.											
H	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI			29d. DA	ATE SIGNED (Month, Day, Year)		
0 9 4						_			4.	13-1990		
Dr. Gary Manko 11 E. Chestnut Hill Reisterstown, MD 21136 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE												
	APRI 6 1990 Sulia Davidson Randale											
	THE TOTAL OF		-								DHMH-16 Rev 1/89	

urs after death. Page 6 may be retained by the host in by the funeral director, page 5 should be detacher removal.	legical examiner must be noun
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, or removal.	IMPURIANT II 116M 28 IS MARKED, OF 116M 23 STOWS ANY INJURY, OF OTHER DANIELS EVENT, THE HEALTS EXAMINED HINDS DE HOUSEN AT UNICE.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF MA		DEPART				MENT	REG. NO.			
1. OECEDENT'S NAME (First,	, Middle, Last)								TE OF DEATH			3. TIME OF DEATH
Mary	A. The	HOMAS						MO	4-11-9		YEAR	6:37 p M
4. SOCIAL SECURITY NUMB		5. SEX 6	AGE (In yrs. last		IF UNDER 1		F UNDER 24 HRS.	7. DA	TE OF BIRTH		6. BIRTHP	LACE (State or Foreign
217-14-3513		M 2 € F	64	YRS.	IONTHS	DAYS H	OURS MIN.	9.	onth, Day, Year) -3-25			imore
9e. FACILITY NAME (If not in	-			5			LOCATION OF DE			9c. COU	NTY OF DE	
FRANKLIN		E = HOSP.	CTN.		BAL	TIM	ORE CI	TY		BAL	OMIT.	RE
RESIDENCE OF DEC	10b, COUNTY			10c. CITY,	TOWN OR	LOCATIO	4				Т	10d, INSIDE CITY
MD	BALTI	MORE				20041101	•					LIMITS?
10e. STREET AND NUMBER		HONE				10f. Z	P CODE			10a. CITI		HAT COUNTRY?
6133 ST 1		ROAD				102	21206					1
11. MARITAL STATUS		2. WAS DECEDENT	EVER IN U.S. AR	MED	13. W	AS DECEN		IIC ORI	GIN? (Specify Yee	or No.		SA — American Indien,
1 Never Merried 2		FORCES? 1 [YES EMN		lf :	yes, speci	Y Cuban, Mexica	n, Puer			Black, Specifi	White, etc.
3 Widowed 4 Divo	rced	11 723, 0172 180	ON ONIES		1	123 %	CIRIO Specify	··			Specify	BLACK
15. DEC	EDENT'S EDUCAT	TION	16a. DE	CEDENT'S U	SUAL OCC	UPATION	of working		16b. KINO OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5+)	life.	Do NOT use	retired.)	my most t	a worning	Ì				
7th Grade				Dieti	an				Seton	Nur	sina	Home
17. FATHER'S NAME (First, M	liddle, Last)	_ =				1	8. MOTHER'S NA	ME (Fir	st, Middle, Maiden	Sumame)		
RUBE	SM.	ITH					CLARA		V	100L	FORL)
19a. INFORMANT'S NAME (7	Type/Print)		198	b. MAILING A	DDRESS (Street and	Number or Rural I	Route N	umber, City or Town	, State, Zip	Code)	
JAMES	GA.	LLMAN		905 N	ORT.	H CI	HESTER	S_{2}	REET/E	BALT	0. N	ID 21205
20a. METHOD OF DISPOSITI	ION on 3 🗆 Remove	al trom State	other pie	ace)			ery, cremetory or				City or Tov	
4 □ Donation 5 □ Other	(Specify)	1	GARE	RISON	FO	RESI	VET_	CEN	1. OWI	NGS	MII	L, MD
21. SIGNATIONE OF FUNERA	A. SERVICE LICE	ISEE ()		-	22. N	AME AND	ADDRESS OF FA	CILITY				
2/19/11	INX	ZA	1111	70	WM	. C.	MARCH	FI	1.1101	E .	NORI	H AVE
23. PART I. Enter the d	lacases, or con	mplications that	aused the de	ath. Do no	t enter t	he mode	of dying, auc	h aa c	ardiac or reapi	ratory an	rest,	Approximete
shock, or h	aart fallure. Li	at only one cause	on aach iine									interval Between Onset and Death
IMMEDIATE CAUSE (Fir disease or condition	nai	CHRE	NIC	KI	-N/	41	FAI	11	10E			Tuerre
resulting in death)	a.,	DUE TO (C	R AS A CONSE	QUENCE OF):	-107	10	711	-	1100		1	1 4 501 3
		Adu	et o	NSE	T	D	10/20	te	IRE sm	oll	itus	4 20 yrs
Sequentielly list condit		OUE TO (C	R AS A CONSE				1-80			~~~	-	
ceuse. Enter UNDERLY	ING											
that initiated events		DUE TO (C	R AS A CONSEC	DUENCE OF):		_						
resulting in daeth) LAS	d.											
PART II. Other significa	ant conditione	contributing to d	eath but not r	reculting in	the und	leriving (euse given in	Part I	. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
						, ,			PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 TYES 2	NO NO		OF DEATH?
	 											1 TES 2 NO
OF WAS CASE REFERENCES	O MEDICAL I					00 01 11	TE OF BEITH :		1			
25. WAS CASE REFERRED T EXAMINER?		HOSPITAL:			OTHER:		E OF DEATH (Ch					
1 TYES 2 NO	1	I Inpatient 2 2					5 Reeldence					
	Pending	28e. DATE OF III (Month, Day	Year)	28b. TIME INJU	RY 2	WORL	(?	28d.	DESCRIBE HOW I	NJURY OC	CURED	İ
	Investigation						S 2 NO					
3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE OF building, et	INJURY At ho c. (Specify)	ıma, farm, stı	reet, factor	ry, office			LOCATION (Street in City or Town, State)	ind Numbe	r or Rural R	oute Number,
	determined						<u>-</u>					
Mark 1	34.540	AN: To the light of m										
ann) 2 1 MED	EXAMINER:	On the base of exe	mination end/or	investigation.	, In my op	inion, daa	th occured at the	time, o	data end place, an	d due to ti	he cause(e)	end manner as stated.
296. BIGNATURE AND TITLE	OF CENTIFIER	. 1/				- 1	9c. LICENSE NUI	MBER		29d. DAT	E SIGNEO	(Month, Day, Year)
		A n	1.0.				D381	04	13	14	+.13	5.90
30. NAME AND ADDRESS O	F PERSON WHO		OF OEATH (ITE	M 27) (Type, F	Print) 93/	25				AIT	MM	E MO21205
31. DATE FILED (Month, Day,	Year) 100			-		ζ.	0, 00	- // !	7-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1010	0120
AP	K16199	y gui	a Dairedso	m-Mario	A STATE OF							

ec		E
Jueral di	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	20 is marked as item 23 shows any injury or other traumatic event the medical evaminer m
THE T	Mal.	No. is
60	remo	die
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THE	ion,	94
pleten	crema	Year
CON	ırial,	10 0
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nan	H	0.10
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gned	alth	90
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has	Dep	23
ncate	State	iten.
Sert	the	2
this (with	read
After	death	-
OR.	fter	9

2

										70	102	50
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DE	PART TIFIC	MENT OF H	EALTH AN	D MENT	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATH			3. TIME OF DEATH	н
	Ellen e	s. Urban					Ap:	ril 11]	1990	7:51	Pм
	4. SOCIAL SECURITY NUMBER		(in yrs. lest birt	hday)	IF UNDER 1 YEAR	IF UNDER 24 HR	s. 7. DA1	TE OF BIRTH		S. BIRTH	PLACE (State or For	reign
	216 44 2001	1 🗆 M 2 🕞 🗲	70	ras.	ONTHS DAYS	HOURS MIN		onth, Day, Year)		Country		
	216-44-2081 9e. FACILITY NAME (If not institution, give	Λ	79		9b. CITY, TOWN O			AR. 10-		NTY OF DE	MD.	
DIRECTOR	THE JOHNS HOPK				BALTIMO					LTIMO		
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUN	TV	1 4	- OITY	TOWN OR LOCATI	1011				- 1	40.4 INDEREDE OFFI	
2	IOD. STATE	11	"								10d. INSIDE CITY LIMITS?	
1	MD.			BAI	LTIMORE		<u> </u>				1X YES 2 -	NO
FUNERAL	10e. STREET AND NUMBER				10f.	ZIP CODE			10g, CIT	ZEN OF W	HAT COUNTRY?	
E	4213 TUSC	ANY CT.					2]	L210		U.	S.A.	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED)	13, WAS DECI	ENDENT OF HIS	SPANIC ORIG	GIN? (Specify Yea	or No-	14. RACE	- American India	n,
	1 Never Married 2 Merried	FORCES? 1 YES			If yea, spe	city Cuben, Me	ixicen, Puerl pecify:	to Ricen, etc.)		Specif	, White, etc.	
B⊀	3 Wildowed 4 Divorced						, ,				WHITE	3
C	15. DECEDENT'S ED				SUAL OCCUPATIO		1	16b. KIND OF BUS	BINESS/IND	DUSTRY		
	(Specify only highest gra-	de completed) College (1-4 or 5+)	(Give k	ind of wo NOT use	ork done during mos retired.)	il of working	- 1					
7	1.2	A	(MAN	ואכו	ED) COC	CIAL W	TOPE	CTTV	OF	BATI	rimore	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		(PIAI)	AGI	11/ 500			st, Middle, Maiden		DAL.	ITMORE	
BE		J. STAFFORD	7					J. BAII				
<u>و</u>	19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING A	ADDRESS (Street at	nd Number or Ru	ural Route No	umber, City or Town	n, State, Zip	Code)		
-	JOHN S. URBAN		13	3006	5 ADERN	IAN CI	r. LA	AKE RII	OGE	VA.	22192	
	20e. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Re	mount tram State	b. PLACE OF I	DISPOSI	TION (Name of cem	etery, crematory	or	20c. LO	CATION —	City or To	wn, State	
	4 Donation 8 Other (Specify)	moval from State	oursi piace)	NI	EW CATH	IEDRAI	CEN	M. BA	LTIM	ORE	,MD.212	229
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE				D ADDRESS OF						
	* E / . r	m (-)	. \		ł			4905	YOR	K R	OAD 212	12
	(edwar)	11. Center	no h	,							ALTO.ML).
	23. PART I. Enter the diseases, o	r complications that cause e. List only one cause on a		. Do no	ot anter the mod	da of dying,	such aa c	ardiac or respi	retory an	rest,	Approximation interval Ba	
	IMMEDIATE CAUSE (Final	•					6.1				- 100	
	disease or condition	Venun	cellar	Ta	chescase	dia.	116	rillan	621		min	6
	resulting in death)	B. DUE TO (OR AS	A CONSEQUE	NCE OF	:		V					
		ember	10 01	104	Lain	of A	165	Como	A.A.	7.1.70	1. 1 b	hec
CERTIFICATION	Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUE	NCE OF		7 1	1	CTAPTION	1		min n n b	
F	If any, laading to immadiata causa. Entar UNDERLYING	1011	1 11	14.0	thuch	6111			\vee	_		4
0	CAUSE (Disease or injury	C. DUE TO OR AS				July					mu	42
1	that initiated events resulting in death) LAST	DUE TO (OH AS	A CONSEQUE	NCE OF)								
H	resulting in Gada i) Exci	d										
- 1	PART II. Other aignificant condition	one contributing to death	but not resu	iltino in	the underlying	cause giver	n in Part I	. 24a. WAS AN	ALITOPSY	24h	. WERE AUTOPSY FI	NDINGS
MEDICAL	Mithal Stee	ancie Stan	15 000	4	mitral	116/11		PERFOR	RMED?	1	AVAILABLE PRIOR	TO
ă	17117/201 0120	70313, 011010	-0 100		man	THE TOC		1 YES 2	□ NO		OF DEATH?	/
뿔	14 placeme	ni						1			1 - YES 2	10
ä	,										,	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATH	(Check only	y one)				
Sic	EXAMINER?	HOSPITAL: 1 Xinpatiant 2 - ER/Out	tpatient 3 🗆		OTHER: 4 - Nursing Home	a 5 🗆 Reeldar	nce 8 O	ther (Specify)				
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	2:	Bb. TIME	OF 28c, INJ	URY AT		DESCRIBE HOW I	NJURY OC	CURED		
	1 Natural 5 Pending	(Month, Day, Year)		INJU	M 1 Y	RK? YES 2 NO	,					
BY	2 Accident Investigation	28e. PLACE OF INJUR	V — At home	farm at				OCATION (Street	and Mumba	e as Ormal S	Pourte Atumber	-
	3 Suicide 8 Could not b	building, etc. (Spi		ener111, 198	reviory, utilici			City or Town, State)		. ur mulai l	Turnou,	
E												
PL	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	wledge, death	occurre	d at the time, date	and place, end	due to the	cause(e) and made	nner aa ste	ted.		
COMPLETED	200)	NER: On the basis of examinati	on end/or inve	atigation	, in my opinion, d	eath occured at	t the time, d	iste end placs, er	d due to t	he ceuse(e) end menner ee s	tated.
	29b. SIGNATURE AND TITLE OF CERTIF	TED.				29c. LICENSE	MIMPER		204 042	TE OLONES	/Month Dec Mari	
BE		Jan n	\supset				5003	?	290. DA	4/11	(Month, Day, Year)	

D35003

32. REGISTRAR'S SIGNATURE

MD

31. DATE FILED (Month, Day, Year)
APR 16 1990

Vincent K.H. 7Am

BATIMORE MO 2120

- 345 P.S. 948

FOR STATE REGISTRAR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within plants of the name after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First,	Middle, Last)	Wil	lion		J	R.			2. DATE OF D	EATH DAY	10	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les		IF UNDER I	DAYS	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day	Year)	, ,	Countr	,,
	267-14-5259 9a. FACILITY NAME (# not in		2 2 2 2	74	11101	Ob CITY	TOWAL C	D I COAT	ON OF DE	07/1	2/19.		Sout	h Carolina
OR	mecidion	Ron	dallatou	m				llsto		AID.			timo	
딥	RESIDENCE OF DEC	10b. COUNTY			10c, CITY	TOWN OF	LOCAT	TION						10d, INSIDE CITY
DIRECTOR	Maryland	Balt	imore			dall:						Ш		LIMITS? 1 YES 2 NO
M	10e. STREET AND NUMBER						101	ZIP COD						VHAT COUNTRY?
当	3707 Kings	Point	Road					2113	33		,	U.	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W	X YES 2 N	10	1	yes, sp	ecify Cubi		iiC ORIGIN? (Sp n, Puarto Rican /:		or No	14. RACE Black Speci	•
	15. DEC	EDENT'S EDUC	6/16/43 EATION		CEDENT'S		CLIPATIO	ON		185 KINI	OF BUS	INESS/INC	HISTRY	Black
COMPLETED	(Specify only Elementary/Secondary (0	y highest grade	completed)	(G	ive kind of w Do NOT use	ork done di	uring mo	est of worki	ng	IOU. KIN	0 0 000	1142071140	031111	
PL	8th Grade	F-12)	College (1-4 or 5+	'	Ta	bore	1 2			Poth	Joha	C+	1	Corporation
MO	17. FATHER'S NAME (First, M	Viddle, Last)			La	DULE	L	18. MOT	HER'S NA	ME (First, Middle			eer	Comportation
Ö	Walter Will	iams	Sr.					Grad		ma (i was) midala	, maidon	, ,		
BE	19a, INFORMANT'S NAME (7		OI.	19	b. MAILING	AODRESS	(Street a	_		Route Number, C	ity or Town	State 7ic	Codel	
2	Cheryle Coll	1								Randa				21122
				20b. PLACE						Randa		ATION -		
	20a. METHOD OF DISPOSIT 1 X Burlal 2 Crematic 4 Donation 5 Other	(Specify)	1	other pf	ace)	ores	t V	etera	an Ce					County, MD
	21. SIGNATURE OF FUNERA	u J	Holl	uin					ess of fa	alls Pk	lutte wy.	r Fu Bal	nera	11 Homes, In MD 21216
	23. PART I. Enter the d	spesses, or o	complications the	coused the de	ath. Do n	ot anter	tha mo	de of dy	ing, suc	h as cardiac	or reaple	ratory an	rest,	Approximata
	IMMEDIATE CAUSE (Findiaease or condition		Con	alrel	, 4	760								Interval Between Onset and Death
	resulting in death)		DUE TO	(OR AS A CONSE	OUENCE OF	7):			-					
NO	Sequentielly list condit		b	(OR AS A CONSE	DUENCE OF	7.								
CAT	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju	ING	c,			,								1
CERTIFICATION	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	OUENCE OF	7):								
CE														
AL	PART II. Other aignifice	nt condition	a contributing to	death but not i	reaulting i	n tha un	dariyin	g cause	given in	Part i. 24a	. WAS AN PERFOR		246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Grand	1	de s	- again	02					10	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
W	2 is	Lets	M	aexac	9					_				1 YES 2 NO
N N	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL						LACE OF	DEATH (Ch	eck only one)				
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		ne 5 🗆 R	lesidence	6 Other (Sp	ectfy)			
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5	Pending	28a. OATE OF (Month, D		28b. TIMI INJ	E OF URY M	W	JURY AT ORK? YES 2	□ NO	28d. OESCRIE	BE HOW II	JURY OC	CURED	
BY	2 Accident 3 Suicide	Investigation	28e. PLACE O	F INJURY At he	ome, farm, a	street, facto				261. LOCATIO	N (Street a	nd Numbe	r or Rural	Route Number.
TED	4 Homicide	Could not be determined		etc. (Specify)							wn, State)			
COMPLETED	enal city		CIAN: To the best of R: On the basis of a											a) and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIES						200 110	ENSE NUI	MBED		204 DAT	E GIGNET	D (Month, Day, Year)
TO BE	Je	le &	A - 60	byr	7			200. 210	02	096	4	>	4-12	
F	30. NAME AND ADDRESS O													
	31. DATE FUED MONTH, Day,	nsberg 1990	32. BEGISTRA	8630 T.	ihert	y P1.	aza.	Ma1	l; R2	andall st	OWn .	Md.	211	33

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	xecuted withi	and complete burial, crem	natic event,
BOX	ficate be e	physician ne prior to	her traum
P.0.	eath certi	attending rtal Hygie	y, or of
RDS,	that the d	ed by the th and Me	any injur
RECC	v requires	been sign t. of Heat	shows
ITAL	N: The lan	State Dep	item 23
OF V	PHYSICIA	this certify with the	ked, or
NO	NDING F	R: After er death	Is mar
SIVIC	DR ATTE	DIRECTO	Item 28
-	SPITAL	NERAL Thin 72 I	NT: If
	0		400

	1. DECEOENT'S NAME (First,	Middle, Last)								2. DATE OF D	EATH DAY	,	YEAR	3. TIME OF GEATH
	THOMAS GEO	RGE WA	DE							2. DATE OF D	16		90	6430 A H
- 1	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In y	rs. last birthday)		ER 1 YEAR			7. DATE OF BI (Months, Day,			6. BIRTH	IPLACE (State or Foreign
	216-07-290	1	1 M 2 - F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	6/6/10	5		Mar	ỹland
	9s. FACILITY NAME (If not in	stitution, give si		× 1		9b, CIT	ry, Towi	N OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF O	EATH
FUNERAL DIRECTOR	St. Ag N	LS	Hospi	tal		Ва	alti	more						
낊	10s. STATE	10b. COUNTY	,		10c. Cf	TY, TOWN	OR LO	CATION						10d. INSIDE CITY
腊	Maryland	Ba1	timore		I A	Arbut	tus							1 YES 2 NO
4	10e. STREET AND NUMBER						1	10f. ZIP COD	E			10g. CITI	ZEN OF V	WHAT COUNTRY?
ER.	1223 North	Ave.					ŀ	21	227			1	U.S.	Α.
5	11. MARITAL STATUS		12. WAS DECEDER			13				IIC ORIGIN? (Sp		or No-		E — American Indian, k, White, atc.
7	1 Never Married 2 🔀		FORCES?		2 □NO S			ES 2 🙀 NO		n, Puerto Rican,	etc.)		Spec	My:
В	3 Widowed 4 Divo	rced	WW	II										White
COMPLETED	15. DEC (Specify onl)	EDENT'S EDU	completed)	16	(Give kind of	S USUAL work don	occupa e during	TION most of worki	ng	16b. KING	OF BUS	INESS/IND	USTRY	
9	Elementary/Secondary (J-12)	College (1-4 or 5	+)									0	
M P	8th grade			<u> </u>	Truck	Dri	ver	_				ur &	Co.	
8	17. FATHER'S NAME (First, M							100 500		ME (First, Middle				
8	Hilary Wad									et Eic				
2	19s. INFORMANT'S NAME (Route Number, Ci				10.7
	Catherine									tus, M			212	
	20s. METHOD OF DISPOSIT 1 □ Burisl 2 🏋 Crematic	on 3 🗆 Ram	oval from Stata	of	her place)							ATION —		
1	4 Donation 5 Other		euces /	MIE	etro Ci			AND ADDRE			ватт	ımor	e, M	laryland
	()	L SCHENCE CH	1	7/1/	-					1 Home	. In	С.		
	1 X c	_	2-7	ll-						ve. B			. Md	21229
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	eart failure. nai	e. Resp	use on each	n line.		- Ule 1		mg, au	ii ea calulec	or raspii	atory are		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING ury	c. Re	mel	DINSEQUENCE (
C	PART ii. Other aignific	ent condition	na contributing to	o death but	not resulting	in the	underly	ring cause	given in	Part i. 24a	. WAS AN	AUTOPSY	241	b. WERE AUTOPSY FINDINGS
MEDICAL											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										'	YES 2	P. NO		OF DEATH?
_														1 YES 2 NO
A	25. WAS CASE REFERRED 1	MEDICAL	T			-	26	PLACE OF	DEATH (C)	neck ank ane)				
C	EXAMINER?	O MEDIONE	HOSPITAL:			ОТН	ER:							
PHYSICIAN:	27. MANNER OF DEATH		1 inpetient 2			ME OF	_	INJURY AT	ssidence	8 Other (Sp. 28d, OESCRIE		NJURY OC	CUREO	
		Pending		Day, Year)		NJURY		WORK?	□ NO	200. 02.001		100111 00		
BY	2 Accident	investigation	28e. PLACE	OF INJURY -	Al home, farm	street fo				28f. LOCATIO	N (Street s	and Numbe	r or Aural	Poute Number
ED	3 Suicide 6 4 Homicide	Could not be determined	building	, atc. (Specify))	, 555., 1.	,				wn, State)			Thomas Trainings,
COMPLETED	CONSCR DINY		ICIAN: To the best of											(a) and manner ea stated.
	29b. SIGNATURE AND TITL		R					29c. LIC	ENSE NU	MBER		29d, DA1	re signe	D (Month, Day, Year)
) BE	ZMej!	lung-											4/12	2/90
10	30. NAME AND ADDRESS OF	S. M	1R411 M	wi 1	uo	ST	1990	VES	itesp	ITA	Ва	ltim	nore,	7.7-
	31. DATE FILED (Month Day)	M1613	991)32. REGISZI	ARE SIGNI	Xteson-R	ndell	2							

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	nay be retained by the hospital or attending physician.	, page 5 should be detached for use as the burlat-transit permit, Pages 1, 2, 3 should	and the notified of once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	ADDOCTANT: M is marked or item 23 shows any injury or other fraumatic event the medical examiner must be notified at once
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certi be filed within 72 hours after death with the	MDODTANT- Willem 28 is marked on

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	02.111.11		- Cartin		OF DEATH 4	- 11-9	O 3. 1	TIME OF DEATH
JUNE R. WALTERS					моми	, Mo	AE	**	1218 A N
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	0. 6	BIRTHPLA	CE (State or Foreign
219-18-3744	1 🗆 M 2 🕱 F 65	YRS.	ONTHS DAYS	HOURS MIN.	6/5	7, Day. Year)	Ma	ryla	ind
90. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN	OR LOCATION OF D	EATH	9	c. COUNTY	OF DEATH	
Greater Laurel	Hospital		Bel	tsville			P.G	}.	
IOe. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCA	TION		-		10d	. INSIDE CITY
Maryland P.	G.	Laur	e1					1[LIMITS? YES 2 X NO
0e. STREET AND NUMBER			-	. ZIP CODE		1	0g. CITIZEN		
12017 Dove Circ	:1e			20810			U.S	S.A.	
1. MARITAL STATUS	12 WAS DECEDENT EVED I	N U.S. ARMED		ENDENT OF HISPA			No 14.	RACE -	American Indian,
Never Merried 2 Merried	FORCES? 1 X YES	2 NO ATES		ecity Cuban, Mexico		Ricen, etc.)		Black, Wi Specify:	
Widowed 4 Divorced	WW II								White
15. DECEDENT'S ED (Specify only highest gra-	(UCATION de completed)	16a. DECEDENT'S US	rk done durina mo		16b	KIND OF BUSIN	ESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i				1	1 .	••	
12th grade		Accoun	itant			ohns Hop		Hosp	
7. FATHER'S NAME (First, Middle, Last)						Middle, Malden Sul	name)		
	Sturm			Hele		Tynan			
De. INFORMANT'S NAME (Type/Print)		1		and Number or Rural					
Albert Eckardt		834 Hc	ollywoo	d Blvd.	Crov	vnsville	, MD	210)32
0e. METHOD OF DISPOSITION **E Buriel 2 Cramation 3 Re	movel trom State	b. PLACE OF DISPOSIT other place)	ION (Name of ce	metery, cremetory or		20c. LOCA	TION — City	or Town,	State
☐ Donation 5 ☐ Other (Specify)		Crownsvill	Le Vete	rans Cem		Crown	svill	Le, N	Maryland
1. SIGNATURE OF WINERAL SERVICE	HOEMBEE . II		22. NAME A	NO ADORESS OF FA	ACILITY				
MY 6	8	>	Hubba	rd Funer Wilkens	al Ho	ome, Inc	2.) (T)	01000
23. PART I. Enter the diseases, o	r complications that cause	d the death Do no							21229 Approximata
	a. List only one cause on a		t onto the m	out of dynig, out	on ou cur	aree or respire	ory strong	,	interval Between
IMMEDIATE CAUSE (Finel disease or condition	E.	16	1						Onset and Deat
resulting in death)	a. Rea	su / ne	eme						
	DUE TO (OH AS	a consequence of:	7.						
Sequentially list conditions,	0.	A CONSEQUENCE OFI:	year						
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS	A CONSECUENCE OF):							
CAUSE (Disease or injury	C. DUE TO OR AS	A CONSEQUENCE OF):							
that initiated events resulting in death) LAST	DOE 10 (ON AS /	A CONSEQUENCE OF).							
	d								
PART II. Other aignificant conditi			the underlyin	g cause given in	n Part I.	24e. WAS AN AU			RE AUTOPSY FINDINGS
Conjecter	is present for	aelene.				PERFORM		CO	MILABLE PRIOR TO MPLETION OF CAUSE
						1 YES 2	NO		DEATH?
								1	YES 2 NO
5. WAS CASE REFERRED TO MEDICAL	7		26.0	LACE OF DEATH (C	heat anti-a				
EXAMINER?	HOSPITAL:		OTHER:						
1 YES 2 NO	1 Inpatient 2 I ER/Out 28a. DATE OF INJURY	28b. TIME		ne 5 🗆 Residence	7	SCRIBE HOW INJ	Im Acous	ED.	
1 Natural 5 Pending	(Month, Day, Year)	INJUI	RY W	DRK?	28d. DE	SCHIBE HOW INJ	URY OCCUR	EU	
2 Accident Investigation				YES 2 NO	-				
3 Suicide 6 Could not b	building, etc. (Spe	Y At home, ferm, str icify)	eet, factory, offi	00	281, LOI	or Town, State)	Number or I	Rural Route	Number,
	YSICIAN: To the beat of my know	viedge, death occurred	at the time, dat	e and place, end du	s to the ce	use(a) and manne	r as stated.		
one) 2 MEDICAL EXAMI	NER: On the basis of examination	on and/or investigation,	In my opinion,	death occured at th	e time, date	and place, and	fue to the co	suse(e) an	d menner as stated.
96. SIGNATURE AND TITLE OF CERTIF	TER 0			29c. LICENSE NU	UMBER		9d. OATE SI	GNEO (Me	onth, Day, Ybar)
Brown Kee	welevano			036			D 41	11/1	50
0. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type: F	Print)				1/	1	
349	unpart	8317 C	levy	LANE,	LA	iusc,	ues.	207	07
1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE D							
5 1 - 14	THE THE PROPERTY OF THE PARTY.	IN THE PROPERTY OF THE PARTY OF	PRINCE OF THE PR						

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEI CERT	PARTMENT IFICATE	OF HEAL	TH AND N		GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) Shir	ley	W	allace			2. DATE OF DE MONTH 4-9-9	DAY	YEAR	TIME OF DEATH 4:32AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birth	MONTHO	DAYS HOU	NDER 24 HRS. RS MIN.	7. DATE OF BIR	тн .4/49	6. BIRTHPLA Country) Mary	NCE (State or Foreign 71and
OR	90. FACILITY NAME (If not institution, give st 2008 Walbrook				TOWN OR LO			9c. COU	INTY OF DEAT	Н
DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 10b. COUNTY MD	,	10c	ату, тожи с	R LOCATION	<u> </u>				d. INSIDE CITY LIMITS?
ERAL	100. STREET AND NUMBER 2008 Walbrook	Avenue			101. ZIP 0	CODE L217		10g. CIT	U.S.	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO			uben, Mexicer	IC ORIGIN? (Spe n, Puerto Ricen, d		14. RACE — Black, W Specify:	American Indian, mite, etc. Black
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)		(Give kin life. Do N	nt's usual or d of work done (OT use retired.) OUSEK	during most of w			of Business/IN		otel
examiner must be notified at once. TO BE COMPL	17. FATHER'S NAME (First, Middle, Last) Leon Wheatle	ey Sr.			18. 1		ME (First, Middle, 1a Eva	Meiden Surneme) NS		
De notifle	19e. INFORMANT'S NAME (Type/Print) Leon Wallace		39	909 Ch	nathan	n Road	l Balt	o. MD.	2120	
er must	20e. METHOD OF DISPOSITION CHARLES TO THE STREET OF THE S	oval from State	b. PLACE OF DI other place).	ılaney		Gard	lens	Dulan	ey Va	
i examin	· Doutha	Hector	<u></u> #28					1721- .N.Mon		St.
event, the medical	23. PART i. Enter the diseases, or conshock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in daath)		lation		tha moda of	f dying, such	h es cardiac o	r respiratory a	rrest,	Approximate interval Between Onset and Daeth
or other traumatic	Sequantially list conditions, if any, iseding to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS								
shows any Injury, : MEDICAL CF	PART ii. Other significent condition	s contributing to deeth	but not result	ting in the ur	ndariying ceu	use given in	_ 10	WAS AN AUTOPSY PERFORMED? YES XXXIIO USPECTIO	AN CC OI	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES XX NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		OF DEATH (Ch				
marked, or its BY PHYSI	27. MANNER OF DEATH 1 Natural 5 Pending XXXaccident Investigation	1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 4-9-90	288			AT		e How INJURY O		re
28 Is	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp.	ecify)	home			2008 T	Walbrook	k Aven	ue,Baltimo
의 기		CIAN: To the beat of my kno								nd menner ee stated.
IMPORTANT: IF	200 SIGNATURE AND TITLE OF CENTREE	Dalle V] /	W	290	OCME	ABER	29d. DA	4-9-	onth, Day, Year)
	MARIO F. GOLLE,	JR.,MD V			Penn	Street	,balti	more,MD	21201	VC
	31. DATE FILED (Month, Day, Year) APR 11 1990 4	32, REGISTRAR'S SIG								

e,

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IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED

1 - STATE REGISTRAR		STATE OF N	ARYLAND C	DEPART					MENTAL	HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (Fir	st, Middle, Last) Cephus	3	7	Wallac	e				MONTH	DE DEATH	NY.	YEAR	3. TIME OF DEATH 4:32AM M	
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. la 20	yrs.	IF UNDER 1	YEAR DAYS	IF UNDER 2	4 HRS. MIN.	7, DATE (/69	Count	IPLACE (State or Foreign	
90. FACILITY NAME (# not 2008 Walk							n LOCATIO MOTE		ATH	_, _,		NTY OF C		
RESIDENCE OF DE 100. STATE MD .	10b. COUNTY			10c. CITY,	TOWN OF								10d. INSIDE CITY LIMITS? 1 VEY 2 NO	
100. STREET AND NUMBE 2008 Wal		Avenue		10f. ZIP COOE 21217							10g. CITI	U.S	WHAT COUNTRY?	
1 Never Merried 2 3 Widowed 4 De	7.7.0		YES 2								E — American Indian, k, White, etc. #y:Black			
	CEDENT'S EOUC nly highest grade ((0-12)		- S	ECEDENT'S U Give kind of wo te. Do NOT use Dis	sual oc ork done d retired.)	uring mo	ON at of working		16b.	KINO OF BUS	SINESS/INC	DUSTRY		
17. FATHER'S NAME (First, Cephu	Middle, Last) 15 Wal:	lace		18. MOTHER'S NAME (First, Middle, Maidon Surname) Shirley Wheatley										
190. INFORMANT'S NAME (Type/Print) Leon Wallace 19b. MAILING ADO 3909 C							am R	or Rural f	Bal	er, City or Tow.	n, State, Zip MD •	°2°1′2	07	
20e. METHOD OF DISPOS 1, Burlel 2 Crema 4 Donetion 5 Oth	tion 3 🗆 Remo	oval from State	20b. PLACI other p	other place Dulaney Mem. Gardens							ulan	City or To	Walley	
21. SIGNATURE OF FUNE	THE	Hecto	\ #I	281			D ADDRES			н. 1	721-	27	N.Monroe S	
23. PART I. Entar tha shock, or IMMEDIATE CAUSE (i disease or condition resulting in deeth)	haart failure. I	.ist only one car		TION		the mo	de of dyli	ng, suc	h as card	lac or resp	iratory an	rast,	Approximata interval Between Onset and Death	
Sequentielly list cond if any, leading to imm cause. Enter UNDERL	ediate	DUE TO	(OR AS A CONS	EOUENCE OF)	:									
CAUSE (Disease or in that initiated events resulting in death) LA		DUE TO	(OR AS A CONS	EOUENCE OF)	:									
PART II. Other signifi	cant condition	s contributing to	death but not	resulting in	the un	dariyin	g ceuse g	iven in	Part I.	24a. WAS AN PERFOR	RMED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
										INSPECTION 1 THE XXXXVII				
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER		ACE OF DE			,				
27. MANNER OF DEATH 1 Natural 5 [2 X Acident	Pending Investigation	28e. DATE Of 4—9—		286. TIME 2:32	OF PRY AMu	WC	URY AT PRK? YES 2	Xio		cribe How i			fire	
25. WAS CASE REFERRED TO MEDICAL EXAMPLE? A. A. A. S. 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMPLE? A. A. A. S. 2 NO 26. PLACE OF DEATH (Check only one) TINSPECTION 27. MANNER OF DEATH 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 XYBealdence 8 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 280. DATE of INJURY 280. TIME OF 2 280. DATE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. DATE OF INJURY AT WO														

29d. OATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 4-9-90 **OCME**

MARIO F. GOLLE, JR., MD

APR 11 1990

111 Penn Street, Baltimore, MD 21201

VC

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DHMH-16 Rev 1/89

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A ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinour	RECTOR: After this certificate has been signed by the attending physician and completely filled in
F	0
17	5
4	W
OC.	OC.

31. DATE FILED (Month, Day, Year)

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEOENT'S NAME (First, Middle Last) ELLENORE A	WALLACE	LENORE A.	WALLACE		2. DATE OF DEATH	~3 <i>9</i>	ar 20/P M	
	4. SOCIAL SECURITY NUMBER 217-03-3445	5. SEX 6. AG		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH JAN . 5, 1	912	BIRTHPLACE (State or Foreign Country) YARYLAN D	
IOR	1 / - / - / - / - / - / - / - / - / - /	reet and number). I MEDICA L	9	TOWS	R LOCATION OF DEA	тн	9c. COUNTY BAL	OF DEATH TIMORE	
DIRECTOR	100. STATE 100. COUNTY MARULANA			TOWN OR LOCATION	ON			10d. INSIDE CITY LIMITS? XXXXES 2 NO	
FUNERAL	10e. STREET AND NUMBER	MARER . 101. ZIP CODE 109. CITIZEN OF WHAT COUNTY 21205 USA						OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — Amel Black, White, Specify: 1 YES 2 NO Specify:							
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)								
BE CON	17. FATHER'S NAME (First, Middle, Last) DAVID J. MULLEN	le, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame)							
10	199. INFORMANT'S NAME (Type/Print) PATRICIA WALLACE								
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	3 Grander place) other place) GARDENS OF FAITH BALTIMORE, MD.							
	21. SIGNATURE OF FUNERAL SERVICE LICE	22. NAME AND ACCRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. 3331 BREHMS LANE, BALTIMORE, MD. 21213							
	23. PART I. Enter the diseases, or construction of the constructio	list only one causa on	aach iina.			as cardiac or resp		Approximata Interval Between Onset and Death	
ATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING	DUE TO (OR A	B A CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 24b. WERE AUTOPSY FINDING ANLABLE PRIOR TO COMPLETION OF CAUSE						COMPLETION OF CAUSE OF DEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/O		OTHER:	ACE OF OEATH (Chec				
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending	250. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME	OF 28c. INJU	IRY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
0	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, str pecify)	eet, factory, office		281. LOCATION (Street City or Town, State		Route Number,	
COMPLETE	29a. CERTIFIER (Check only one) CERTIFYING PHYSIC CERTIFT PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC C	CIAN: To the best of my kn	1 4					ouse(e) end manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	9 oh	home		29c. LICENSE NUME D 329	_	29d. DATE 9	Month, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF		Print) / 840	6 Hart	adRd	1 Rah	6 NN 71734	

32. REGISTRAR'S SIGNATURE

Julia Jandon Ronda

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

AKA: E. Malinda Wannenwetsch

	1 - STATE OF MA	RYLAND / DEPAR CERTIF	ICATE OF		ENTAL HYGIE REG. N	_			
	1. DECEDENT'S NAME (First, Middle, Last) EMMA M. WAN	NENW:			DATE OF DEATH	DAY Y	3. TIME OF DEATH 0 10:30 a M		
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR		, DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	220-46-2929 1□M2∏F	90 YRS.	MONTHS DAYS	HOURS WIN.	(Month, Day, Year)	899	Country) Maryland		
	Se. FACILITY NAME (If not institution, give street end number)		96. CITY, TOWN C	R LOCATION OF DEAT	Н	9c. COUNTY			
OR	Westminster Nursing Home		Westmin	nster		Carr	oll		
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCAT	ION		10d. INSIDE CITY			
- DIRECTOR	Maryland Carroll	Sy	ykesville			1 TYES 2 NO			
FUNERAL	10e. STREET AND NUMBER	1000	21784		10g. CITIZEN OF WHAT COUNTRY? USA				
NE I					DENT OF HISPANIC ORIGIN? (Specify Yea or No				
				2 NO Specify:			Black, White, etc. Specify: white		
	15. DECEDENT'S EDUCATION	16. DECEDENT'S	USUAL OCCUPATION	MM.	THE WIND OF B	USINESS/INDUS			
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during mo	st of working	160. KIND OF B	OSINESS/INDOS	THY .		
1PL	Elementary (6-12)	Homema	aker		Sel	lf			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) Fred Horn			18. MOTHER'S NAME Magdalir		n Sumame)			
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural Rou		own, State, Zip Co	ode)		
2	Linda Gardner	302 Qt	uail Driv	re, Sykest	ville, Ma	aryland	21784		
	20a. METHOD OF DISPOSITION 1	20b. PLACE OF DISPO	SITION (Name of cer	netery, cremetory or	20c. L	OCATION - CIT	y or Town, State		
	4 Donation 5 M Other (Specify) intombment	Loudon Pa				altimor	e, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Ambros	or Funeral	l Home,]	Inc.			
	Joseph J Cambia of	/	1328 8	Sulphur Sp	oring Roa	ad, Arb	utus, Md. 2122		
	23. PADI i. Enter the disasses, or complications that c shock, or heart failure. List only one cause	aused the death. Do	not anter the mo	de of dying, such	as cardisc or res	piretory arres	t, Approximate interval Batween		
	IMMEDIATE CAUSE (Final	A					Onset and Deeth		
	disease or condition a.	4							
_	DUE TO (0	R AS A CONSEQUENCE O	0F):						
NO.	Sequentially list conditions, if any, leading to immediate	RLAS A CONSEQUENCE O)F):				<u> </u>		
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	CVD							
E	that initiated events	R AS A CONSEQUENCE O	PF):						
CERTIFICATION	resulting in death) LAST								
	PART II. Other aignificant conditions contributing to de	eath but not resulting	in the underlyin	g ceuse given in Pr		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
HCAL					PERF	ORMED? 2 □ NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ME							OF DEATH?		
PHYSICIAN: MED									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PI	ACE OF OEATH (Check	k only one)				
IXSI	1 YES 2 NO 1 Inpatient 2 E	R/Outpatient 3 DOA	4 Nursing Horr	e 5 🗆 Residence 8					
	27. MANNER OF OEATH 28s. OATE OF IN (Month, Day.		JURY WO	RK?	Rad. OEȘCRIBE HOV	INJURY OCCU	RED		
В	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF I	NJURY — At home, farm,		YES 2 NO	Par. LOCATION (Street	et and Number or	Rural Route Number,		
COMPLETED	3 Suicide 8 Could not be building, et	c. (Specify)	7,		City or Town, Sta	te)	The Total Ordinary,		
PE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	y knowledge, death occur	red at the time, date	and place, and due to	the cause(e) and m	nenner as atated			
OM	One) 2 MEDICAL EXAMINER: On the basis of exam								
	SIGNATURE AND TALE OF CERTIFIER			29c, LICENSE NUMB	ER	29d. DATE S	SIGNED (Month, Day, Year)		
O BE	man Mondatum			125	443	•			
10	HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	e, Print)	1/1	. 0		20 11/10		

FUNERAL DIRECTOR

BY

TO BE COMPLETED

DIVISION OF VIAL RECORDS, 7:0: BOX 13149, BALLIMONE, MARITAND 21203-3140
nin 24 - 31
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
DE HIGH I / HOURS AIR DEADLY WILL DE DEADL OF FRANK HIGH AND FRANK HIGH IN THE PROPERTY OF THE

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BY PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

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EOP	Voided					PAITH	AND A	APMTAL L	WOLEN	- /	34	1 - 0 1	
1 - STATE reb/km	STATE OF MA		DEPAKI ERTIFI						REG. NO.	5	10-1	1026	
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATN DA	V	YEAR	3. TIME OF DEATH	
HARRISON L WIN	TER							APRIL		1990		5:50 A	N
4. SOCIAL SECURITY NUMBER 5.	SEX (. AGE (In yrs. les		IF UNDER	T YEAR	IF UNDER		7. DATE OF	BIRTN		8. BIRTNE	LACE (State or Foreign	7
212–14–8190	. M 2 □ F	68	YRS.	MONTHS	DAYS	HOURE	MIN.	(Month, Di	_192	1	Country	MD.	
9e. FACILITY NAME (If not institution, give street	and number)			9b. CITY,	TOWN O	R LOCATIO	N OF DE				NTY OF DE	ATH	_
THE JOHNS HOPKINS	UOCDTTA:	r		DATT	CTMO	ילו ח				BAL	TIMOR	E CITY	
RESIDENCE OF DECEDENT	HUSFIIA.		1	DAL	LIMO)	KE							_
10e. STATE 10b. COUNTY			10c. CITY	, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?	
MD.			Bal	timo	re,	City	,					1 X YES 2 NO	
10e. STREET AND NUMBER						ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?	
16 Roland Mew	c					212	10			U	.S.A.		
	. WAS DECEDENT			13. \	NAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (S	Specify Yes	or No-	14. RACE	- American Indien,	
1 Never Merried 2 Merried	FORCES? 1 [IF YES, GIVE WA	R OR DATES X	NO	1	fyea, spe	cify Cuber 2 NO	 Mexices Specify 	n, Puerto Rica	n, etc.)		Specify	White, etc.	
3 Widowed 4 Divorced						-X						White	
15. DECEDENT'S EDUCATI (Specify only highest grade com-		18e. DE	CEOENT'S I	USUAL OC	CCUPATIO	N at of workin	a	16b. Kii	NO OF BUS	BINESS/INI	DUSTRY		
	college (1-4 or 5 +)	lite	. Do NOT use	e retired.)									
12	. 7	U.S	. Cir	cuit	Ct	. Juc	lge		L	aw			
17. FATNER'S NAME (First, Middle, Last)						18. MOTN	IER'S NA	ME (First, Midd	fle, Maiden	Surname)			
John George Wi	nter						Bes	sie	Bid	en			
19e, INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS	(Street a	nd Number	or Rural F	Route Number,	City or Tow	n, State, Zi	ip Code)		
Gladys W. Wint	er		16 Ro	land	Me	vs Ba	lti	more,	Md.	2121	0		
20a, METHOD OF DISPOSITION 1 t√ Burlat 2 ☐ Cremation 3 ☐ Ramoval	from State	20b. PLACE other pi		ITION (Na	me of cen	netery, crem	atory or		20c. LO	CATION -	City or Tov	vn, Stata	
4 Donetion 5 Dother (Specify)		Drui	d Ri			etery			Pi	kesv	ille,	Md. 2120	<u>8</u> (
21. SIGNATURE OF FUNERAL SERVICE LICENS				22.	NAME AN	O ADDRES	S OF FA	CILITY 49	05 Y	ork	Rd. 2	1212	
DR. A. Rus				Н.	.W.	Jenki	ins ;	and Sc	ns C	o. B	alto.	, Md.	
23. PART I. Enter the diseases, pr com	plications thet	ceused the de	eath. Dp n	ot enter	the mo	da of dyi	ng, suci	h es cerdied	: Dr respi	ratory er	rrest.	Approximate	
shock, or heert failure. List									·			Onset and De	
IMMEDIATE CAUSE (Finel disease or condition	TPO-		0 5	-01	2								70151
resulting in death) e	DIJE TO (DO AS A CONSE	OHENCE OF	77	a	-100	2					+	
	DUE TO (/	-		0	2	,	-	-	2	2	: İ	
Sequentielly list conditione, b.	DUE TO (OR AS A CONSE	OUENCE OF	7.E	Ce	el-		nan	UNLE	-	1		
If eny, leading to immediate ceuse. Enter UNDERLYING	1-11-12			,							0		
CAUSE (Diseese or Injury that initiated events	OUE TO (OR AS A CONSE	OUENCE OF	7):									
resulting in death) LAST													
													_
PART ii. Other eignificent conditions c	ontributing to	leath but not	reculting i	in the un	nderiying	ceuse (lven in	Part I. 24	PERFOR		24b.	WERE AUTOPSY FINDII AVAILABLE PRIOR TO	4GS
Grance OBS	recor	22 p	celow	4570	20	232	off. Charles	1	YES 2	No		COMPLETION OF CAUS OF DEATH?	Æ
Branchis C	3-14/2	eca			1							1 TYES 2 NO	
Prelementhorbe	5/0	ples	210	1	L.	4							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	- 6			-		ACE OF D	EATH (Ch	eck only one)		,			
	OSPITAL:	ER/Outpatient	DOA	OTHER		• 5 □ Re	eldence	8 🗆 Other (S	Specify)				
27. MANNER OF DEATH	28e. DATE OF I (Month, Day	NJURY (Wast)	28b. TIM		28c. INJ			28d. DEŞCR		NJURY O	CCURED		
1 Natural 5 Pending 2 Accident Investigation	111.	6/90	5:50			ES 2] NO						
M v Decident	-		-				_						_

29s. CERTIFIER
(Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(a) end manner ee stated.

28e. PLACE OF INJURY — At home, farm, atreet, building, etc. (Specify)

29b. SIGNATURE AND TITLE OF CERTIFIER

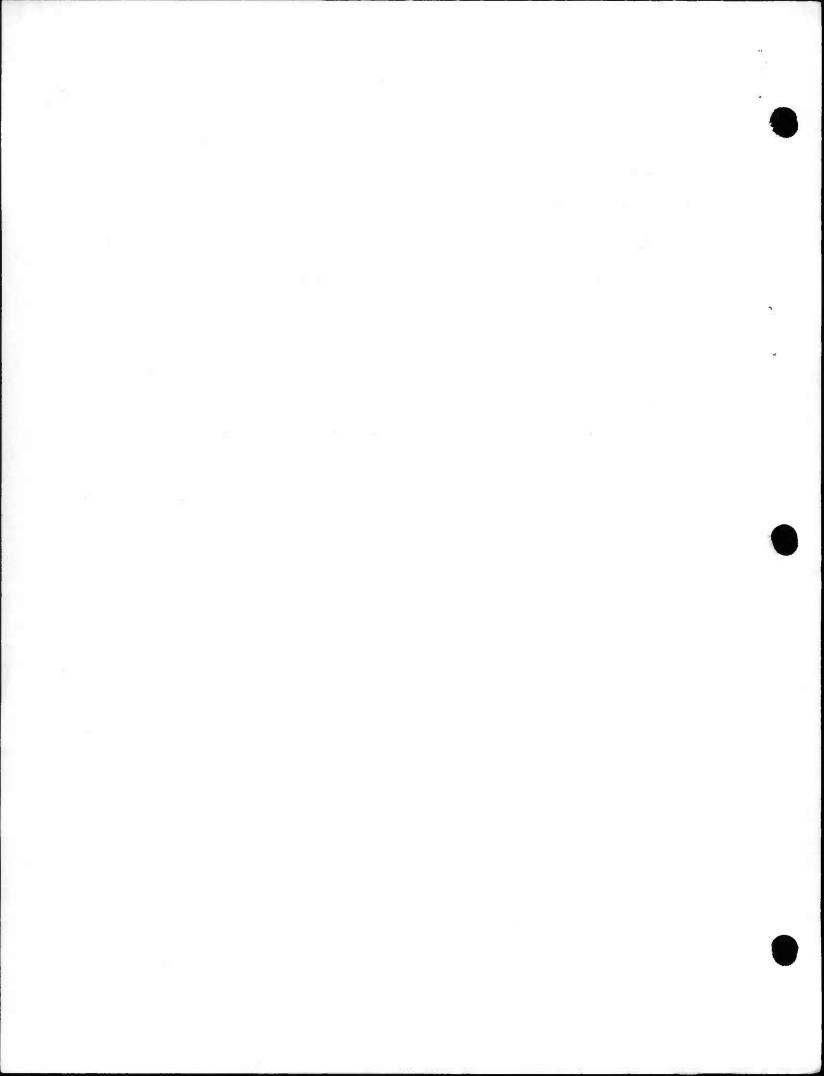
0. NAME AND ADDRESS OF PERSO	120-	de 121	min
1 100		66 661	11000

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

8 Could not be

3 Suicide

4 Homicide



DHMH-16 Rev 1/89

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certifi	ding p	to
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requi	been s	shov
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HYSIC	his ce	Ked,
NING P	After t	шаг
TENC	after after	28 Is
OR A	DIRE(tem
SPITAL	IERAL in 72	THE H
E HOS	E FUN	HTAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the he filled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART				YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH	YEAR 3	. TIME OF DEATH
Frank	E .		Walt	ers	Apri	1 14, 1		3:57 P M
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		8. BIRTHPL	ACE (State or Foreign
213-01-0650 9a. FACILITY NAME (If not Institution, give str	X M 2 G F 7	7 YRS.	ONTHS DAYS	HOURS MIN.	11/1	0/1912	G-G-G-11G	yland
Stella Maris Ho					EAIH		alti	
RESIDENCE OF DECEDENT	spice		10	wson			alui	more
Md		10c. CITY,	TOWN OR LOCA	TION 1timore				0d. INSIDE CITY LIMITS? X YES 2 NO
10e. STREET AND NUMBER				r. ZIP CODE	-	10g CIT		AT COUNTRY?
	Avenue			21214			J.S.A	
11. MARITAL STATUS 1 Never Merried 2 Married 2 X Adowed 4 Divorced	11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — A Black, Wh If YES, GIVE WAR OR DATES 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) Specify:						- American Indian, White, etc.	
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECEDENT'S U	SUAL OCCUPATI		16b. KINI	O OF BUSINESS/INC	DUSTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	- warming				
12 Years		Sales	man		I	nsuranc	ce	
17. FATHER'S NAME (First, Middle, Last)			5.1.			, Malden Surname)	JI I	
Edwin	Wa	lters		Nel1	Lie	V	7ilso	n
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural				21224
Sandra W.	Gorsuch	1358		tead Ro	Jau Pa	20c. LOCATION -		
1 S Burial 2 Cremation 3 Remo	val from State	other place) en_Have			rk	Glen		
21. SIGNATURE OF FUNERAL SERVICE LICE		en nave		ND ADDRESS OF FA		GIEII	Duli	.10
A.D.	21/		Will 8521	iam E.	Johns	onP.A.	Fune	ral Home Md. 2120
23. PART I. Enter the diseases, or co- ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	emplications that caused ist only one cause on e	ach lina.	Color		ch as cardiac	or respiratory ar	raet,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other aignificant conditions	contributing to death b	ut not resulting in	the underlying	ng cause given in	Part I. 24a	. WAS AN AUTOPSY		VERE AUTOPSY FINDINGS
					10	PERFORMED? YES 2 NO	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF OEATH (C	heck only one)			
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER:	me 5 🗆 Residence	6X Other (So	ecify) Hosp	ice	
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 28c. IN	JURY AT ORK? YES 2 NO	-	BE HOW INJURY OC		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, st			281. LOCATION City or To	N (Street and Numbe wn, State)	r or Rural Roo	ute Number,
29a. CERTIFIER (Check only	CIAN: To the best of my known							and manney as eleted
29b. SIGNATURE AND TITLE OF CERTIFIER			y opiniotti					
Carla		rnder		29c. LICENSE NU D. 270		29d. DAT	SIGNED (A	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO Carla S. Alexand						Lley Rd.	-Towso	on 21204
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE			· · · · ·			
HER 10 1930 9	MAN ANTI- COL-							DHMH-16 Rev 1/8

Pet 1 minutes in 19 19

9	0	0	2	6	5

	1 - STATE REGISTRAR		CI		ICATE OF		A	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF			YEAR	3. TIME OF DEATH
	Le	evi			Willia	mson	Apri			90	6:15AM M
	4. SOCIAL SECURITY NUMBER 5	SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH		8. BIRTH	IPLACE (State or Foreign
	218-03-1994	M 2 □ F	74	YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	_	1915	Counti	
	9a. FACILITY NAME (If not institution, give stree	777	/4		OF CITY TOWN	OR LOCATION OF DE	June	5.	200	INTY OF D	uth Carolina
ď									90, 000	MITOFD	EAIN
5	Maryland General I	lospital	-		l Bal	timore C	ity				
Œ	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	ION					10d. INSIDE CITY LIMITS?
	Maryland			Ba	ltimore						XX YES 2 NO
7	10e. STREET AND NUMBER					. ZIP CODE			10g. CIT	WHAT COUNTRY?	
ER/	3817 Ridgewood A	Manua				21215		TI			۸
Z	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF			MED				oecify Yes		U.S.	E — American Indian.
BY FUNERAL DIRECTOR	1 Never Married 2 Married FORCES? 1 YES 2V IF YES, GIVE WAR OR DATES			90	If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 ☐ YES 2 ☐ NO Specify:				Black, White, etc. Specify: Black		k. White, etc.
ÉD	15. DECEDENT'S EDUCATION 16e. DE			CEDENT'S	EDENT'S USUAL OCCUPATION 18b.			ID OF BUS	SINESS/IN		
ET	(Specify only highest grade co-	mpleted) College (1-4 or 5+	(G	Give kind of work done during most of working b. Do NOT use retired.)							
PL	Elementally/Secondary (5-12)	Conega (7-4 of 3 +		hore	r-Retire	d	Rot	h1oh	om S	tee1	Co
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Гра	DOLE	I WELTIE	18. MOTHER'S NA				reel	00.
									our rumby		
BE	Evel Williamson 190. INFORMANT'S NAME (Type/Print)		10	h. MAJI JNC	ADDRESS (Street	Ind Number or Rural	1 Pose		n State 7	in Corte)	
2											
	Veola Williamson)	20h DI 40E		SITION (Name of cer	od Avenu	e, Bal			MD 2.	
	1 🖟 Buriel 2 🗆 Cremetion 3 🗆 Removi	al from State	other pi	lace)							own, State
	4 Donation 5 Other (Specify)		Arbut	us M	emorial	Park O ADDRESS OF FA		Arb	utus	, MD	
	21. STOREN A SCHOOL SECTION OF THE S	I	()].	1				T 17		- 1 TT	D A
	Blove Ud	amo	pre	2	4101	Edmondso	ones, n Aven	Jr r	uner Balt	al Ho	ome P.A. e. MD 21229
CERTIFICATION	shock, or heart fellure. List only one cause of each line. Interval Between Onset and Death Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent conditions	contributing to	death but not	resultina	in the underlyin	g cause givan in	Part i. 24	e. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PERFORMED? 1 □ YES 2 ☑ NO O						AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
A	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C)	neck only one)				
Sic		OSPITAL:	ER/Outpatient 3	R III DOA	OTHER:	ne 5 🗆 Residence		neoff ()			
PHY	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. TII	ME OF 28c. IN.	IURY AT DRK?	28d. DESCR		INJURY O	CCURED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE O building,	F INJURY — At he	ome, ferm,	street, factory, offic			ON (Street bwn, State)		er or Rurei	Route Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICI. (Check only one) 2 MEDICAL EXAMINER:										e) and manner as stated.
BE	206. SIGNATURE AND TITLE OF CERTIFIER	When M	1)			29c. LICENSE NU n/a				TE SIGNEI	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO Bhajanial D			M 27) (Typ		Maryland	Gener	al H	ospi	tal	
	31. DATE FILED (Month, Dey, Year) APR 1 6 1990		A Saudson	_Pano	682						

BALTIMORE, MARYLAND 21203-31 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.5 mours after death. Page 6 may be retained by the hospital or to the page 5 should be detached for the set of the page 5 should be detached for the set of the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

rmit. Pages 1, 2, 3 should

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	1	CERTIFIC	ATE OF	DEATH	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) HEIEN	Whit				2. DATE OF D	DEATH DAY	2 -	90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-20-4473	1 - M 2 15 F	5 2 YRS. WO	HUNDER 1 YEAR HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.		IRTH (Year)	28	Ba	Uto . City
TOR	9a. FACILITY NAME (If not institution, give st Ben Secous RESIDENCE OF DECEDENT	Hospital	91	-	OR LOCATION OF DE			9c. COUN	ITY OF DE	EATH /
	10a. STATE 10b. COUNTY	,	10c. CITY, T	OWN OR LOCA	TION			•		10d. INSIDE CITY
- DIRECTOR	md.		Be	Utir						1 YES 2 NO
FUNERAL	3803 BELLE AV				2 1 2 0 7			7	S A	VHAT COUNTRY?
E I	11. MARITAL STATUS 1 Never Married 2 Married XXWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 (A) NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexica S ZYTKNO Specify	n, Puerto Rican		or No-	14. RACE Black Specif	E — American Indian, k, White, etc.
입	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	UAL OCCUPAT	ION	16b. KINI	D OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE								
8	17. FATHER'S NAME (First, Middle, Last)		I HOODE!		18. MOTHER'S NA	ME (First Middle	Maiden S	Sumamal		
BE C	LEROY WILLIAM	MS			FRAI	NCES V	VANL	AND		IAM
2	19a. INFORMANT'S NAME (Type/Print) IDA BOONE		7978	NOLPA	and Number or Flural F	Route Number, C Γ (21)	y or Town	, State, Zip	Code)	
	20a METHOD OF DISPOSITION 2 Burlel 2 Cremation 3 Rem	oval from State	other place)			v		T T M		wn, State MARYLAND
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		TOUNT CAL		UND ADDRESS OF FA		DAL			
	Amet	to K!	Janes		N/THOMP:		. н.		. ВС 2122	OX 4433 23)
	23. PART I. Enter the diseases, or o	complications that cau	ed the death. Do not	enter the m	ode of dying, suci	h as cardiac	or respir	ratory arm	est,	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on	each line.							Interval Between Onset and Death
	disease or condition resulting in death)	. Sch	treate-	ma.						
	resulting in death)	DUE TO (OR)	A CONSEQUENCE OF):							
z	Commentally the new distance	a for	ellmon	ra						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO OR A	A CONSEQUENCE OF:	D (1.6		1			
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. DUE TO (OR	A CONSEQUENCE OF):	Hlink	it, zele	es	200	Mu	· b	
Ē	that initiated events resulting in death) LAST	10 (OR 1	JA CONSEQUENCE OF):							j j
問		d								
	PART II. Other significant condition	s contributing to death	but not resulting in	the underlyi	ng cause given in	Part I, 24a	. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	HO CVH		A	1		10	YES 2			COMPLETION OF CAUSE OF DEATH?
	Him Gastra	Stomy Tu	lua Joe		_	1				1 YES 2 NO
ž	11 (0 0 000		The feet							
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)				
XS.	1 TES 2 NO	1 Inpetient 2 ER/O		THER: Nursing Ho	me 5 🗆 Residence	6 Other (Sp	eclly)			
H	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME (OF 28c. 8	JURY AT YORK?	28d. DEŞCRI	BE HOW IN	JURY OCC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, atre pecify)	et, factory, off	loe	28f. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural F	Poute Number,
2	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kn	owledge death occurred	et the time de	and plane and due	to the savenie) and man		ad	
COMPLETED	cont only	ER: On the basis of examina								end menner ee stated.
BE C	296. SIGNATURE AND STEP OF CENTRED	ed	10		29c. LICENSE NUI	MBER		29d. DATE	E SIGNED	(Month, Day Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	rint)	D117	51		P /	1/2	470
	DARSHAN S	SALVO	A 160	10 M-	T Hay	at Au	-(Bal	16	21217
	APR 16 1990 4	32. REGISTRAR'S SI			,		q			

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6-may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	- STATE REGISTRA
	1. DECEDENT'S P
	I
ľ	4. SOCIAL SECUI

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	KIIFI	CALE	JF DEA	IH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS Ra	WTT.	WILSON				MONTH DAY YEAR				3. TIME OF DEATH		
		ymond						April		990			ŽΜ
	4. SOCIAL SECURITY NUMBER 216-30-2067	5. SEX ∑ M 2 □ F	6. AGE (In yrs. last		MONTHS D	AYS HOURS	R 24 HRS. MIN.	7. DATE OF I	y, Year)	932	6. BIRTH	PLACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give st					WN OR LOCAT	ION OF DE	ATH			TY OF D		
8	Memorial Hospita	1			Cumb	erland				All	egan	У	- 1
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			40 - 01774	TOWN OR I	00171011						111 00000 0000	
FUNERAL DIRECTOR	W.Va. Min			eyse)					10d. INSIDE CITY LIMITS? 1. YES 2 \(\text{\text{\text{NO}}} \) NO				
A	10e. STREET AND NUMBER				101. ZIP COL	170					HAT COUNTRY?		
띱	1365 Lynmar	St.				2	2672	6		U.	S.A	•	
5	11, MARITAL STATUS	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. ARI	EO		DECENDENT				or No—	14. RACE	- American Indien, , White, etc.	П
BYF	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Korean	Confli	.ct		YES 2. NO			n, etc.)			White	
	15. OECEDENT'S EOU (Specify only highest grade		16a. DEC	EDENT'S	JSUAL OCCL	PATION	da a	16b. KIP	ID OF BUS	INESS/IND	USTRY		\neg
ᇤ	Elementery/Secondary (0-12)	College (1-4 or 5	-)			ng most of work	wig	Was	twa	co C	orn		
릴	12		Pu	llp	Mill			1,,,,	ova		OLD	•	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MO1	THER'S NAI	ME (First, Midd	lle, Meiden	Sumame)			П
	Thomas C.	Wilson				F	Rebe	cca I	anc	aste	r		- [
BE	19a. INFORMANT'S NAME (Type/Print)	196	MAILING	ADDRESS (S	treet and Number	er or Rural F	Route Number,	City or Tow	n, State, Zip	Code)		\neg	
임	Leagwen Wilson		13	65 Ly	mmar	St.	Keys	er,	W.V	a.	26726	-1	
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	20b. PLACE	PLACE OF DISPOSITION (Name of cametery, crametory or 20c, LOCATION — City (City or To	wn, State		
	1 Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	omac	Mem	. Gar	dens		Key	ser,	W.	Va.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY ROTTUCK Funeral Home 85 S. Main S							
	· allen 1	n Xo	truck		Keyser, W.Va. 26726						· Halli St	•	
	23. PART I. Entar the diseeses, or e ehock, or heart feliure.				ot anter th	e mode of d	ying, suci	h ee cardled	or reepi	ratory en	rest,	Approximete interval Between	en
	IMMEDIATE CALISE (Fine)					11.		,				Onset and Daa	ith
	disease or condition resulting in deeth)	a. LUMG (aucer	u	91286	切して	O BE	DIN 1	PERI	can	Divu	n	
		DUE TO	(OR AS A CONSEC	UENCE OF):			+ we	ED W	stin	un		
Z	Companielle, the conditions (b.												
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate couse. Enter UNDERLYING												
일	CAUSE (Disease or injury	C	(OR AS A CONSEC	LIENCE OF	ICE OFI:								\dashv
ĒΙ	that initiated avents resulting in death) LAST	552 10	(OII AS A CONSEC	OCHOE OF	<i>y</i> •							į	
点		d								-		+	\dashv
	PART II. Other significant condition	e contributing to	death but not re	sulting i	n the unde	rlying cause	given in	Part I. 24	a. WAS AN		24b	. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	38
EDICAL							1	PERFORMED?			COMPLETION OF CAUSE OF DEATH?		
율												1 YES 2 NO	
PHYSICIAN: M								_					
AN	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF	DEATH (Ch	eck only one)					_
200	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ noa	OTHER:	Home 5 🗆 I	Paeldanca	□ Other (S	inaciful				
H	27. MANNER OF DEATH	28e. DATE OF		28b. TiMi		Ic. INJURY AT	riesidence	28d. DESCR		NJURY OC	CURED	*	\dashv
	1 Natural 5 Pending	(Month, L	lay, Year)	INJ		WORK?	□ NO						
ВУ	2 Accident Investigation	28a. PLACE (F INJURY — At ho	me, farm, s				28f LOCATE	ON (Street	and Numbe	r or Aural	Route Number,	
	3 Suicide 8 Could not be 4 Homicide determined	building.	etc. (Specify)	,		, 0,1100		City or 1	lown, State)	orid TVarrison	or range		
COMPLETED	29e, CERTIFIER						i						4
4P	(Check only CERTIFYING PHYS	ICIAN: To the best of											- 1
ő	2 MEDICAL EXAMINE	R: On the basis of e	examination end/or i	nvestigatio	n, in my opir	ilon, death occ	ured at the	time, date en	d plece, er	d due to ti	he cause(e) end manner as stated.	٠ ا
BE	296. SIGNATURE AND TITLE OF CERTIFIE	B X				29c. Li	CENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	\neg
0						D	354	181		•	1/9/90		
o Comme													
2	30. NAME AND ADDRESS OF PERSON WI												\dashv
	30. NAME AND ADDRESS OF PERSON WI Dr. Mark Sagin		e of DEATH (ITE			berlan	d, M	D 2150	2			1	
		Memor				berlan	nd, M	D 2150	2			,	

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te if is at the graph

DIVISION OF VITAL RECORDS, F.O. BOX 13146, BALLIMONE, MARTLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dent of Health and Mental Hyolene prior to burial, cremation, or removal.
ON DISTRICT HEAD 20 In marked on item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE ELSIE H. WELLS	CERTI					REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	>					2. DATE OF DEATH DA	- 90	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212-05-3877 1 □ M 2*□ F	AGE (In yrs. last birthday, 83 YRs.	MONTHS	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRTH JULY 22, 1	906	BIRTHPLACE (State or Foreign Country)		
DR	SOL FACILITY NAME (If not inetifution, give atrost and number) SOL CITY, TOWN OR LOCATION OF DEATH SOL COUNTY OF DEATH WATGAMERY										
Ci	RESIDENCE OF DECEDENT										
DIRECTOR	MD. MONTGOMERY	Ğ.	THER	THERSBURG					10d. INSIDE CITY LIMITS 1 YES 2 NO		
FUNERAL	301 Russell Avenue			101.	ZIP COOL	2087	77	A OF WHAT COUNTRY?			
B≺	11. MARITAL STATUS 1 X Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT IF FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	/ES 2 XNO If yes, specify Cuban, Maxican, Puarto Rican, al					or No— 14.	RACE — American Indian, Black, White, stc. Specify: WHITE		
ED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	16a. DECEDENT	S USUAL OC	CUPATIO	N at of workin	ıσ	16b. KIND OF BUS	INESS/INDUS	TRY		
COMPLET	Elamentary/Secondary (0-12) 2 College (1-4 or 5+)	PROMO'	use retired.)	_		-	GAS AND	ELECT	TRIC CO.		
Š	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME					Sumame)			
BE (WALTER WELLS	ELINOR 1						HESTE			
0	19a. INFORMANT'S NAME (Type/Print) IDA MUSSON						oute Number, City or Town				
3121 BECKENHAM CT. STEVENT							LVER SPRING, MD. 20906 20c. LOCATION — City or Town, State				
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 ☑ Cremation 3 □ Removal from State 4 □ Donalion 5 □ Other (Specify)	METROPOL	ITAN (AN CREMATORY ALEXANDRI							
	11. SIGNATURE OF FUNERAL BERNIGE LIGENSEE THURLY H-Bar	her]	MURI	EL H	ss of fac BA ONSV	RBER FUNEI	RAL HOL	ME SVILLE,MD.20882		
	23. PART I Enter the diseases, or complications that a shock, or haart fellura. List only one cause IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (C							ratory erreet	t, Approximete interval Between Onset and Death		
ATION	Sequentially list conditions, if eny, iseding to immediate cause. Enter UNDERLYING	R AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury that initiated evente resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.										
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Alafasamin syndram: Ostropresis, faronyoned supromitives. Lachyothethms. 24a. WAS AN AUTOPSY PROPINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF C	EATH (Che	ck only one)				
Sic	MOSPITAL.	R/Outpatient 3 🗆 DOA	OTHER 4 Mun		e 6 □ R	esidence	6 Other (Specify)				
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation		IME OF NJURY M		URY AT RK? 'ES 2 [_ NO	26d. OEŞCRIBE HOW INJURY OCCURED				
	Z Decident	INJURY — At home, farm c. (Specify)	, street, fact	ory, office	•		28f. LOCATION (Street and City or Town, State)		Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To like best of m 2 MEDICAL EXAMINER: On like basis of axa										
E H	296. SIGNATURE AND THELE OF CERTIFIER Byw D. Chromom M.D.					ENSE NUM		29d. DATE S	IGNEO (Month, Day, Year)		
10 T	BYRL D. JUNNSON 911	OF DEATH (ITEM 27) (TY RUSSELL AV	pe, Print)	64	ithe	rsbur	1 Maylan	d			

2

31. DATE FILE MOPPIN Pay, YOU 990

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART			MENTAL HYG				
	DECEDENT'S NAME (First, Middle, Lest)	illiam	н.	Your	g	2. DATE OF DEAT MONTH 4-10-9	DAY	YEAR	3. TIME OF DEATH 7:40AM	м
	4. SOCIAL SECURITY NUMBER 217-07-1947	1/2×M 2 □ F 78	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI	1'1	VSON	HPLACE (State or Foreign	1
OR	9a. FACILITY NAME (If not institution, give to Vetrans Administ				on Location of DE 1timore C		9c. COL	JNTY OF C	DEATH	
DIRECTOR	100. STATE 106. COUNT	γ	10c. CITY,	TOWN OR LOC	ATION L C				104, INSIDE CITY LIMITS? 1 X YES 2 NO	
	10e. STREET AND NUMBER			1	Of, ZIP CODE		10g. Cf1	IZEN OF	WHAT COUNTRY?	
N.	1308 Division	Stroot			21217			USA		
BY FUNERAL	11. MaRiTAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATES	S. ARMED NO	13. WAS DE	CENDENT OF HISPAN pecify Cuben, Mexica S 2 NO Specify	n, Puerto Ricen, ele	ly Yee or No-	14. RAC Blec	E - American Indian, ik, While, etc. elly: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Give kind of world. Do NOT use Chef	SUAL OCCUPAT rk done during r retired.)	ION nost of working	16b. KIND O	F BUSINESS/IN	DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Henry Young									
TO B	190. INFORMANT'S NAME (Type/Print) Bonita Lilly		196. MAILING A	DAVAS	and Number or Rural I	Route Number City. 2et Bal	r Town, State, Z えんmor	e,	Maryland	
	20a. METHOD OF DISPOSITION 1 & Burlet 2 Cremetion 3 Removal from State 4 Donatton 6 Other (Specify)									
	21. SIGNATURE OF FUNERAL SERVICE LI	Harres		Chat	and address of fa man-Hari McCull	ics F/H	et Ba	ltq	; Md 2121	7
	23. PART I. Enter the diseases, pr	complications that caused the Liet only one cause on each							Approximete Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Arterioscler	otic ca		scular di	sease	_		Onset and De	
CERTIFICATION	Sequentielly liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO	INSEOUENCE OF):	:						
ERTIFI	that Initiated events reculting in deeth) LAST	DUE TO (DR AS A CC	INSEQUENCE OF):	;						
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition	ne contributing to death but	not resulting in	the underly	ng cause given in	PI	AS AN AUTOPSY ERFORMED? ES 2 1 NO		b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	
AN: M	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	neck anly ane)			244	_
	EXAMINER? VIVIVES 2 NO	HOSPITAL:		OTHER:	ome 5 🗆 Residence		v)			
	27. MANNER OF DEATH XXXIII 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c.	NJURY AT YORK? YES 2 NO	28d. DESCRIBE		CCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide delermined	28e. PLACE OF INJURY -	Al home, farm, st	reet, factory, of	lice	28f. LOCATION (City or Town,	Street and Numb State)	er or Rural	Route Number,	
COMPLETED		SICIAN: To the best of my knowledger: On the basis of examination en							(e) end manner as state	d.
BE C	29b. SIGNATURE AND TITLE DE GENTIFIE				29c. LICENSE NU	MBER		ATE SIGNE	D (Month, Day, Year)	_

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, A. KORELL, MD

32. PEGISTRAR'S SIGNATURE

OCME

111 Penn Street, Baltimore, MD 21201

VC

4-10-90

	1 - STATE CERTIFICATE OF	DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) WILLIE J. YOUNGBLOOD	2. DATE OF DEATH MONTH 1 2 90 YEAR 3. TIME OF DEATH 5. 03
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 D F 8. AGE (In yrs. lest birthday) F UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. 7. DATÉ OF BIRTH (Month, Dey, Year) 14 AIABAMA
TOR		OR LOCATION OF DEATH 2 TINORE 9c. COUNTY OF DEATH
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCAL BALLING	ATION 10d. INSIDE CITY 10d. INSIDE CITY 10d. INSIDE CITY 10d. INSIDE CITY 10d. INSIDE CITY 10d. INSIDE CITY
FUNERAL	100. STREET AND NUMBER 1155 N. CARPOLITON AVE	01. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
ВУ	1 Navar Marriad 2 FORCES? 1 YES 2 NO If yes, s	ECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— ppecify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indien, Black, White, etc. Specify: Specify:
PLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPAT (Give kind of work done during mile. Do NOT use retired.) LONG SHORE	nost of working
BE COMPL	17. FATHER'S NAME (First, Middle, Leat) ROBERT YUUNGBLOOD	RACHAGE YOUNGBLOOD
IO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street	end Number or Rural Route Number, City or Yown, State, Zip Code) BY TO I HON ALE BAJTIMURE, MD
	28a. PETHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Removal from State 2 Ob. PLACE OF DISPOSITION (Name of continuous) other place) 2 Cremation 5 Other (Specify)	emetery, crematory or 20c. LOCATION — City or Town, State
	21. SIGNATURE OF FUNERAL SER ICE LICENSEE 22. NAME	AND ADDRESS OF FACILITY ATTARY - HAMPIS F. H. Balting
CERTIFICATION	immediate Cause (Final diaease or condition resulting in death) Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Due TO IOR AS A CONSEQUENCE OF DUE TO IOR AS	n-ischeme troppe
	that initiated events resulting in death) LAST d. PART ii. Other aignificant conditions contributing to death but not resulting in the underlyi	ing couse givan in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND
: MEDICAL	ASCUED The prostate gla	PERFORMED? 1 YES 2 NO AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO
SICIAN:	EXAMINER? HOSPITAL: OTHER:	PLACE OF OEATH (Check only one) ome 5 □ Reeldence 6 □ Other (Specify)
ву РНУ	(Month, Day, Year) INJURY V	NJURY AT WORK? YES 2 NO
	3 Suicide 8 Could not be 4 Homicide determined	261. LOCATION (Street end Number or Rural Route Number, City or Town, State)
COMPLETE	29e. CERTIFIER (Check only one) 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, day one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion,	
O BE COM	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
BE	The same of the sa	280. DATE STUTED (MOTE), Day, TO

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTEI TO THE FUNERAL DIRECTOR be filed within 72 hours afte

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	Pages 1, 2, 3 should	
or attending physician.	ian and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, or to burial, cremation, or removal.	
retained by the hospital of attendi	5 should be detached	oust be notified at once.
learn. Fage to may be	funeral director, page	
min 24 nours affer o	n and completely filled in by the to burlal, cremation, or removal.	nt, the medical ex
ncare de executed wi	P. P.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner r
s that the death cert	ned by the attending ith and Mental Hygie	any injury, or of
AN: The law require:	ter this certificate has been signed by the attending phy ath with the State Dept, of Health and Mental Hygiene	or item 23 shows
ATTENDING PHYSICI	ECTOR; After this cer is after death with the	ORTANT: If Item 28 is marked, o
THE HOSPITAL OR	TO THE FUNERAL DIRECTOR; After this obe filed within 72 hours after death with	MPORTANT: If Iten

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	ГН		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALT		IENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATN		3. TIME OF DEATN
Rose	Marie	AMBROSE		2	April 10,		1318 M
4. SOCIAL SECURITY NUMBER		·	UNDER 1 YEAR IF UNI	ER 24 HRS.	7. DATE OF BIRTH	8. E	NRTHPLACE (State or Foreign
214-24-1331	1 □ M 2XCXF 6	L YRS.			11/5/28	N	laryland
9a. FACILITY NAME (If not institution, give stre			CITY, TOWN OR LOCA			9c. COUNTY	OF DEATH
Calvert Memori	al Hospital	P	rince Fre	derick		Cal	vert
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY
MD Balt	imore						LIMITS?
10e. STREET AND NUMBER	· · · · ·		10f, ZIP CO	DE		10g. CITIZEN	OF WHAT COUNTRY?
902 Palladi Dr	ive		212	27		U	ISA
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED			C ORIGIN? (Specify Yes Puarto Rican, atc.)	or No- 14.	RACE — American Indian, Black, Whita, etc.
1 Never Married X2X Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TES 2X N				Specify:
15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USU	AL OCCUPATION		16b. KIND OF BU	INFSS/INDUST	white
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during most of wo ired.)	rking	100. 100.		
unkno		secreta	rv		cler	1001	
17. FATHER'S NAME (First, Middle, Last)				OTNER'S NAM	IE (First, Middle, Maiden		
George Carroll	Schaub		R	osina	Sellman	n	
19a. INFORMANT'S NAME (Type/Print)	-	1 Table 11 Table 1			oute Number, City or Tow		
Eugene T. Ambr	=:- · · · · ·	902 E	Palladi	Drive	/Balto.	MD 21	227
20s. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Remo	val from State	o. PLACE OF OISPOSITIO				CATION — City	
4 Donation 5 Other (Specify)		Crest La	wn Ceme	tery	Ba	altimo	re, MD
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		Sterli	ness of fac no As	պու hton Fiii	neral	Home, PA
Vieter I), Challe		736 Ed	monds	on Ave/I	Balto	MD 21228
23. PART i. Entar the diseases, or co			enter tha moda of	dying, auch	as cardiac or reap	ratory arreat,	Approximata
shock, or heert feilure. L iMMEDIATE CAUSE (Final							interval Between Onset and Death
disease or condition resulting in deeth)	Rupti	red Let	+ Vest	rick			
Total (ii)	DUE TO (OR AS	A CONSEQUENCE OF):			A		
Sequentielly list conditions,	Itente	myoc	G/11a/	int	archan		
if eny, laading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):					
CAUSE (Diseese or injury	DUE TO (OR AS	CONSEQUENCE OF):					
that initiated events resulting in death) LAST	002 10 (011110						1
PART II. Other algnificant conditions	contributing to death i	out not resulting in t	ne underlying ceus	e givan in F	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 X YES :	. □ NO	COMPLETION OF CAUSE OF DEATH?
						12	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL ·			F DEATN (Che	ck only one)		
EXAMINER?	HOSPITAL:	patient 3 🗆 OOA 4 (THER: Nursing Nome 5	Residence (5 Other (Specify)		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Sinpetient 2 ER/Out 28a. DATE OF INJURY (Month, Dey, Year)		F 28c. INJURY AT WORK?	Rasidance (NJURY OCCUR	ED
EXAMINER?	1 Simpatient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OI	F 28c. INJURY AT WORK? M 1 YES	Rasidance (5 Char (Specify) 28d. DESCRIBE HOW		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Simpatient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OI INJURY	F 28c. INJURY AT WORK? M 1 YES	Rasidance (5 Other (Specify)	and Number or F	
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	1 Sympetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Spe	28b. TIME OI INJURY	F 28c. INJURY A WORK? M 1 YES	Realdence (5 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State	and Number or F	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PNYSIC	28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	28b. TIME Of INJURY 7 — At home, farm, streetly of the deep death occurred a	F 28c. INJURY A WORK? M 1 YES It, factory, office	Realdance (2 NO no no no no no no no no no no no no no	5 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Rown, State to the cause(a) end ma	and Number or F	tural Route Number,
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINET	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	28b. TIME Of INJURY 7 — At home, farm, streetly of the deep death occurred a	FHER: Nursing Nome 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5 = 5	Realdance (2 NO NO NO NO NO NO NO NO NO NO NO NO NO	5 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Yown, State to the cause(a) end ma	and Number or F	itural Route Number, use(a) end manner as stated.
EXAMINER? 1	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	28b. TIME Of INJURY 7 — At home, farm, streetly of the deep death occurred a	F 28c. INJURY A WORK? M 1 YES It factory, office	Realdance (2 NO NO NO NO NO NO NO NO NO NO NO NO NO	5 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(a) end ma	and Number or F	Rural Route Number, suse(a) end manner as stated. GNED (Morgh, Day, Year)
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINET 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spe	28b. TIME Of INJURY T — At home, farm, streetly) riedge, death occurred as an end/or investigation, in	F 28c. InJury A WORK? M 1 YES It the time, date and plan my opinion, daeth oc	Realdance (2 NO NO NO NO NO NO NO NO NO NO NO NO NO	5 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(a) end ma	and Number or F	itural Route Number, use(a) end manner as stated.
EXAMINER? 1	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe CIAN: To the best of my know 3: On the basis of examination O COMPLETED CAUSE OF Div	28b. TIME Of INJURY 7 — At home, farm, streedly) riedge, death occurred a on end/or investigation, is	F 28c. INJURY A WORK? M 1 YES It the time, date and plan my opinion, dasth or	Realdance (NO Rece, and due to coured at the total CENSE NUM 2346	5 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(a) end ma time, data end place, as	and Number or F	suse(a) end manner as stated. GNED (Month, Day, Year)
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINET 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe CIAN: To the best of my know 3: On the basis of examination O COMPLETED CAUSE OF Div	28b. TIME Of INJURY f — At home, farm, streedly) riedge, death occurred a on end/or investigation, it	F 28c. INJURY A WORK? M 1 YES It the time, date and plan my opinion, dasth or	Realdance (NO Rece, and due to coured at the total CENSE NUM 2346	5 Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(a) end ma	and Number or F	suse(a) end manner as stated. GNED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) DOSS Arnett	990 YEAR 3. TIME OF DEATH 8:07 PM								
	4. SOCIAL SECURITY HUMBER 5. SEX 6. AG 1 № M 2 □ F		FUNDER 1 YEAR IF UNDER 24 S	7. DATE OF BIRTH (Month, Day, Year) 2-16-1938	8. BIRTHPLACE (State or Foreign Country) S. C.					
OR	9a. FACILITY NAME (if not institution, give street and number) Maryland General Hospital	91	Baltimore C		COUNTY OF DEATH					
IRECT	10a. STATE 10b. COUNTY		own or Location altimore City	7	10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL DIRECTOR	10% STREET AND NUMBER 3717 Oakmount		10f. ZIP CODE	1215	9. CITIZEH OF WHAT COUNTRY?					
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF H	ISPAHIC ORIGIN? (Specify Yea or I exicen, Puerto Ricen, etc.)						
	15. DECEDENT'S EDUCATION (Specify anly highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	ne during most of working						
COM	17. FATHER'S NAME (First, Middle, Last) DOSS Arnett, Sr			S HAME (First, Middle, Maiden Surn Morris	iame)					
BE	19a. IHFORMAHT'S NAME (Type/Print)	19b. MAILING AD		Rural Route Number, City or Town, St	tete. Zio Code)					
2	Wendell Arnett		Fernhill Ave		e. Md 21215					
	29a. METHOD OF DISPOSITIOH	10b. PLACE OF DISPOSITI	ON (Name of cometery, cremato		ION — City or Town, Stata					
	1 \(\text{D Buriel 2 } \) Cremation 3 \(\text{Removal from State} \) 4 \(\text{D Donation 5 } \) Other (Specify)	other place) Kin	g Memorial P	ark Dan	dallstown, Md					
	21. SIGNATURE OF FULL RAL SERVICE LICENSEE	- KIII	22. NAME AND ADDRESS	OF FACILITY	uallstuwii, Mi					
	· Forta Eliron			Wabash Avenu						
		in Metastas	tastas	^	Interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
MEDICAL	PART II. Other significant continuous contributing to dead	en in Part i. 24a. WAS AN AUT PERFORME! 1 YES 2	D? AMALABLE PRIOR TO COMPLETION DE CAUSE							
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEAT	H (Check only one)						
	1	Y 28b. TIME (28d. DEŞCRIBE HOW INJU	RY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJU-building, etc. (6	JRY — At home, farm, stre (pec/ly)								
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAH: To the best of my kr one) 2 MEDICAL EXAMINER: On the best of examine									
BE	296. SIGHATUME AND TITLE OF CERTIFIER	~~	29c. LICENS	E NUMBER 29	Del. DATE SIGNED (Month, Day, Year)					
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF			I II and it is						
	ROMINDER KAUR, M.D.		land Genera	l ноsp ita l						
	31. DATE FILED (Month, Day, Year) APR 1 7 1990 32. REGISTRAR'S SI	GNATURE PANDEDE								

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3. TIME OF DEATH 6:14

Approximate Interval Between Oneet end Deeth

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 - FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	as a server mission Control (Maria The Jan securities that the death conflicted to executed withhin DA
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		4. SOCIAL SECURITY NUMBER		5. SEX	500000	in yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 2	24 HRS. MIN.		Day, Year)		BIRTHPLA Country)	CE (State or Foreign
pin		9a. FACILITY NAME (If not In				36	THS.	ah CITY	TOWN O	R LOCATIO	NI OF DEA		15-195	9c. COUNTY	OF DEATH	Md
3 should	ا ي		24 12 22 24 25								N OF DEA	ıın		9c. COUNTY	OF DEATH	1
1, 2,	읽	University Hospital Baltimore														
r. Pages	DIRECTOR	10a. STATE Md	10b. COUNTY				Bal	to	R LOCAT	ION						I. INSIDE CITY LIMITS? YES 2 NO
bermi	AL.	10a. STREET AND NUMBER							10f.	ZIP CODE				10g. CITIZEN	OF WHAT	COUNTRY?
n. ansit	ᇤ	2033 McCu	lloh	Street										U :	SA	
ding physicia the burial-tr	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 7 3 Wildowed 4 Dive	Married	12. WAS DECEDER FORCES? IF YES, GIVE	I YES	2 X NO			f yes, spe	ENDENT OF scify Cuban 2 X NO			(Specify Year can, atc.)	or No- 14.	RACE — Black, Wi Specify:	American Indian, hita, atc. Black
The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. It is been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, to Oppt, of Heath and Mental Hyglene prior to burial, cremation, or removal. 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	COMPLETED		EOENT'S EOUCA by highest grade of 0-12)		+)	(Giv	EDENT'S I e kind of w Do NOT us	rork done		ON st of working	g	16b. I	KIND OF BUS	USINESS/INDUSTRY		
detach	õ	17. FATHER'S NAME (First, A	fiddle, Last)	·				-		18. MOTH	ER'S NAM	E (First, Mi	ddle, Malden	Sumame)		
at be	BE C	George St	reeter								Lill	ian 1	homas			
s retained to 5 should notified	10 B	19a. INFORMANT'S NAME (19b.	MAILING	ADDRESS	(Street a	nd Number	or Rural Ro	oute Numbe	r, City or Town	n, State, Zip Co	de)	
y be rel age 5	=	Lillian St								Avei		Balt	o, Mo	1		
may or, pai		20a, METHOD OF DISPOSIT	TION on 3 □ Remo	val from State		other place	De)			netery, cremi	atory or			CATION — City		
ige 6 ma lirector, p		4 Donation 5 Dothar		na heema		King	Mem	_					Ra	andall:	stowr	n, Md
er death. Pag he funeral di ral.		21. SIGNATURE OF FUNERA	TA S	-bra	d)				Marc	h F/I Wal	H We	est	nue			
24 hours after y filled in by the tion, or remove the medical		IMMEDIATE CAUSE (FI	neart failure. L nei	ist only one ca	use on e	ech line.		ot enter	the mo	de of dylr	ng, such	ss cardi		ratory srres	9	Approximate Interval Betwee Oneet end Dee
ted within 2 completely al, cremati event, tl		diseese or condition resulting in death)	→ a		End Stage Renal Disarse DUE TO (OR AS A CONSEQUENCE OF): Aids											
e be execut sician and c rrior to buris traumatic	SATION	Sequentisily list condi- if sny, leading to imme cause. Enter UNDERLY	dlate ING		DUE TO (OR AS A CONSEQUENCE OF):											
th certificat ending phy al Hygiene p or other	CERTIFICATION	CAUSE (Disesse or Injury that Initiated events resulting in deeth) LAST														
that the deal led by the att th and Menta any Injury,	MEDICAL C	PART II. Other significa	ant conditions	contributing to	death b	out not re	sulting l	n the u	nderlying	g ceuse g	lven in F		24a. WAS AN PERFOR	RMED?	AW CO	TRE AUTOPSY FINDING MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
e law requires that the has been signed by 1 Oept, of Health and 1 23 shows any ir	N: MEC						<u>.</u>					_			(200	YES 2 NO
he law e has b te Oept	CIAN:	25. WAS CASE REFERRED '	TO MEDICAL	HOSPITAL:						ACE OF DE	EATH (Chec	ck only one)			
)S	1 TES 2 NO		1 inpatient 2	☐ ER/Outp	petient 3	□ DOA	OTHEI		6 5 🗆 Re	aldence 8	B □ Other	(Specify)			
r this cer th with th	BY PHYSIC	27. MANNER OF DEATH 1 Nstural 5 2 Accident	Pending Investigation	28a. DATE O (Month.	F INJURY Day, Year)		28b. TIM INJ	E OF URY M		URY AT ORK? YES 2		25d. DE\$0	RIBE HOW I	NJURY OCCUI	RED	
CTOR: After dear after dear 28 is m	TED B	0 0 0 1-14-	Could not be datermined	28e. PLACE building	OF INJURY I, atc. (Spec	(— At hon	ne, farm, s	street, fac	tory, offic	•		28f. LOCA City o	TION (Street Town, State)	and Number of	Rural Rout	e Number,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certifica be filed within 72 hours after death with the Siz IMPORTANT: If item 28 is marked, or life	COMPLET	one)		R: On the basis of											ause(a) an	ed manner as stated.
E FU	O I	29b. SIGNATURE AND TITL	E OF CERTIFIER	1						29c. LiCE	NSE NUM	BER		29d. DATE S	IGNED (M	onth, Day, Year)
TH CH PE FIEC	O BE	Thom	es C	· Herre										> 4	12/	50

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Greene

SE

32 AEGISTANA'S SIGNATURE Graha Devidson-Rondall

Balt.

MID

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH MONTH DAY

12

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ertificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 state Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	TATE OF MARYLAND	DEPARTM			MENTAL HYGIEI		
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
HARVEY K. BECK	Harvey F				- 11	6 90	BIRTHPLACE (State or Foreign
	M 2 F 65		THS DAYS	IF UNDER 24 HRS. HOURS MIN.	OCT BIRTH	1924	Georgia
9a. FACILITY NAME (If not institution, give street a		9b.		RLOCATION OF DE	ATH	9c. COUNTY	OF DEATH
University Hos	PILAI		Бат	CIMOLE			
10a. STATE 10b. COUNTY			WN OR LOCAT				10d. INSIDE CITY LIMITS?
PA.]		reedom			1 ☐ YES 2 🙀 NO
100. STREET AND NUMBER Rd 3 Box 36			101	17349		US	OF WHAT COUNTRY?
	WAS DECEDENT EVER IN U.S. A			ENDENT OF HISPAN	IIC ORIGIN? (Specify Y		. RACE — American Indian, Black, White, atc.
	FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	Жио		elfy Cuban, Maxica 2 MO Specifi	n, Puarlo Rican, atc.)		Specify: White
15. DECEDENT'S EOUCATIO	DN 16a. 0	DECEDENT'S USU			16b. KIND OF B	USINESS/INDUS	
(Specify only highest grade comp	ollega (1-4 or 5+)	(Give kind of work of the Do NOT use reti	ired.)	st or working			
					Labo		
17. FATHER'S NAME (First, Middle, Laist) Willie Beck					ME <i>(First, Middle, Meide</i> ra Wati		
19a, INFORMANT'S NAME (Type/Print)	14	19b. MAILING ADD	PRESS (Street a		Route Number, City or To		ide)
Barbara Broadwa					Freedom		
20s. METHOD OF DISPOSITION 14 Burial 2 Cremation 3 Removal	20b. PLACI	E OF DISPOSITIO	N (Name of cer	netery, crematory or	20c. L	OCATION City	y or Town, Stata
4 Donation 5 Other (Specify)		dens			etery Ro	ossvil	le Md.
21. SIGNATURE OF FUNERAL SERVICE LICENSE	0//	,		O A DORESS OF FA		200868	ceAve.21221
Connelly Kun	ural Mon	ul					
23. PART i. Enter the diseases, or comp shock, or heart failure. List			enter the mo	de of dying, suc	h ee cardiec or res	piretory erree	t, Approximate interval Between
iMMEDIATE CAUSE (Finel disease or condition	T	P n 11	,				Onset and Deeth
resulting in death) a	DUE TO (OR AS A CONS	FOLLENCE OF	marke	*			1 cons
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF):					
cause. Enter UNDERLYING CAUSE (Diseese or injury	DUE TO (OR AS A CONS	EQUENCE OF					
that initiated events resulting in deeth) LAST			under of	and in	to polyn	replied (ensy 142 monts
	1 /		*				
PART II. Other significent conditions co	ntributing to death but not	t resulting in th	ne underlyin	g ceuse given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TES	2 NO	OF DEATH?
Chronic Olos traviture C	any 11, score				_		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (CA	eck only one)		<u> </u>
	OSPITAL: inpatiant 2 - ER/Outpatient		THER: Nursing Hom	e 5 🗆 Rasidenca	6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO	URY AT	28d. DESCRIBE HOV	V INJURY OCCU	RED
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At I building, atc. (Specify)	home, farm, stree	t, factory, offic	•	28f. LOCATION (Stree City or Town, Sta		Rural Route Number,
29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the beat of my knowledge,	death occurred at	t the time, data	and place, and due	to the cause(s) and n	nanner as stated.	
onel	n the basis of axaminetion and/o	or investigation, in	n my opinion, o	leath occured at the	time, data and piece,	and due to the d	cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	A .			29c. LICENSE NU	MBER 7 / 2	29d. OATE S	SIGNED (Month, Day, Year)
	Clyn mp			P36.	762	,	1/16/90
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (IT	TEM 27) /Time Dele	100				
William D. Clas	2)	Couth	Green	Street	f, Rollin	we h	b

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13140,	executed
<	90
VIIAL RECORDS, P.O. BOA	certificate
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TO L	requires
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7	poral on attractional physician. The law requires that the death certificate he executed with
DIVISION OF	TTENDING
2	A GE
ב	TAIL
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept; of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR		STATE OF M	IARYL					EALTH AND DEATH	MENT	FEG. NO.			
1. DECEDENT'S NAME (MI	liddle, Last)	e, Last)						TE OF DEATH			. TIME OF DEATH		
Francis		Be		gfi In yrs. last		IF UNDER	1 VEAR	IF UNDER 24 HRS.	_	TE OF BIRTH			7:30 P M
041-16-376		1 M 2 - F	B. AGE		YRS.	MONTHS	DAYS	HOURS MIN.		2-26-1		Country) Mas	
9a. FACILITY NAME (If not instit	tution, give stree	et and number)				9b. CITY	r, TOWN C	R LOCATION OF	EATH		9c. COUNTY	OF DEA	тн
1904 Maxwe		Ave.					Und	alk			Bal	tim	ore
10a. STATE 10	0b. COUNTY					Y, TOWN				10d. INSIDE C			0d. INSIDE CITY LIMITS?
Md.	Balti	imore			Dui	ndal	.k,	Md.				1	☐ YES 2 🔀 NO
100. STREET AND NUMBER 1904 Maxwe	11 7	Ave.					101	2122	2				AT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	VII.S. ARI	MED	13	WAS DEC			GIN? (Specify Yea	U.S		- American indian
1 Never Married 2 XMs	arried	FORCES? 1	YES	2 XN			If yes, sp	city Cuban, Maxis	an, Puar		01.110	Black, \ Specify:	- American Indian, Whita, atc.
3 Widowed 4 Divorce												WHi	
15. DECED (Specify only his Elementary/Secondary (0-12		ompleted)	,	(Gi	ve kind of	work done se retired.)	during mo	ON st of working		16b. KIND OF BUS	INESS/INDUS	TRY	
High Scho		College (1-4 or 5	'	Т	ool	& D	Ie l	Maker		Mfg.			
17. FATHER'S NAME (First, Midd	de, Last)	-								st, Middle, Maiden	Sumame)		
Robert Be		ield								eth Mcl			
19a. INFORMANT'S NAME (Type	4.1-13"	2 - 1 - 2								lumber, City or Town			22
Ann R. Be		<u>1610</u>	201					AVe.		ndalk,	MD.		
1 Donation 5 Other (S	3 🗆 Ramov	al from Stata	200	St.	Sta	nis	lau	S					
	1 Mourial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) St. Stanislaus Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
· Wille	1/h					Ę	34 734	ley-AS WIllo	hto w S	n FUne pring	ral E Rd.Du	Iome inda	Inc. 1k,Md.2122
23. PART I. Enter the disc		mplications the				not ente	r the mo	de of dying, su	ch as c	cardiec or respi	ratory erres	it,	Approximate interval Between
IMMEDIATE CAUSE (Finel		0.000	50 011 0	doll iiiio		,	0						Onset and Death
disease or condition resulting in death)	a.	Car	ins	mai	JUENCE O	oma	ch.						Nov. 1989
	_	OUE TO	(OR AS A	CONSEC	WENCE C	IF):							Verus
Sequentially list condition if any, leading to immedia		DUE TO	(OR AS	CONSEC	DUENCE O	OF):					-		1/
cause. Enter UNDERLYING CAUSE (Disease or Injury	G	A.S.	C.V.	D.	an		C.H.	F.					Years.
thet initieted events reaulting in death) LAST		DUE TO	(OR AS A	CONSEC	DUENCE O	OF):							
	d.												-
PART II. Other algnificant	conditiona	contributing to	death b	out not r	esuiting	In the u	nderfyin	g cause given i	n Part i	. 24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS
										1 TYES 2	NO		COMPLETION DF CAUSE DF DEATH?
												1	YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL						26 81	LACE OF DEATH (Shook on	Av one)			
EXAMINER?		HOSPITAL:	ER/Out	patient 3	□ DOA	OTHE							
27. MANNER OF DEATH		28a. DATE OF	INJURY		28b. TIR	WE OF	28c. IN.	IURY AT	_	OESCRIBE HOW I	NJURY OCCU	RED	
1 Natural 5 Pe	ending vestigation	(Month, E	ray, rear)		I IN	JURY M		YES 2 NO					
3 Suicide 8 Co	ould not be	28e. PLACE (building	otc. (Spe	(— At ho	me, farm,	street, fac	ctory, offic	•	281.	LOCATION (Street in City or Town, State)	and Number or	Rural Ro	ute Number,
- Introduction	etarmined								_				
(Crieck Only		_								cause(a) and mai			and manner as stated,
29b. SIGNATURE MAD TITLE O		20	_					29c. LICENSE N					Month, Day, Year)
Stanle	Cal 2	dpin	25 /	us				G. 68			14		-1990
30. NAME AND ADDRESS OF P	PERSON WHO	COMPLETED CAU	SE OF DE	ATH (ITE	M 27) (7)	e, Print)	0001			1.01	10 2		
31. DATE FILED (Manth, Quy, Ye	er), 1000	32. REGISTE	AR'S SIGN	AŢURE	ر ع	wno	cark		. 00	~10, N	4	2	
31. DATE FILED (MATP R)	7 1990	32. REGISTS	n Dav	4dson	-Uand								

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		and or item 23 chouse any failury or other traumatic event, the medical examiner must be notified at o
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	with the State Dept. of Health and Mental Hygiene phor to bunal, cremation, of removal.	*
1	5	9

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) Shirlay	1. BEAVA				2. DATE OF DEATH	DAY YEAR 5/5			
	4. SOCIAL SECURITY NUMBER 2/5-42-7578 90. FACILITY, NAME (If not institution, give in the content of the cont	5. SEX 6. AGE 1 M 2 (See and riumber)	F8 YRS. "	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-23-19	02 9c. COUNT	BA	LACE (State or Foreign	
TOR	Charlestown	Care Ca	tor	BALTI	HORK M	D.	В	alti	altimore	
DIRECTOR	10e. STATE 10b. COUNT	v iltimore	10c. CITY,	TOWN OR LOCATI	on onsville			10d. INSIDE CITY LIMITS? 1 YES 2 XXNO		
	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZ	HAT COUNTRY?			
BY FUNERAL	701 Maiden Choi 11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Merried 3 ❤ Widowed 4 ☐ Divorced	IN U.S. ARMED 2 X NO DATES	13. WAS DECI	Black,	RACE — American Indien, Black, White, etc.					
	15. DECEDENT'S EDU (Specify only highest grade	16e, DECEDENT'S US (Give kind of wor life, Do NOT use	rk done during mos	N t of working	16b. KIND OF BU	SINESS/INDU	ISTRY			
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+) Years	Foreign 1		e Teache:	r				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		· ·)		ME (First, Middle, Maiden	Surname)		_	
BE (George M. Hay			Sarah S						
2	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. David Pearl 110 St. Paul St. Suite 702 Baltimore.								m 21202	
	204. METHOD OF DISPOSITION	novel from State	b. PLACE OF DISPOSIT	ION (Name of cert	etery, crematory or	20c. LO	CATION — C	ity or Tov	vn, State	
	1 Buriel 2 Cremetion 3 Res 4 Donation 5 Other (Specify)		ruid Ridge		eum D ADDRESS OF FAC		esvil	le,	Maryland	
	Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 2									
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST Lagrandia Lagra									
PHYSICIAN: MEDICAL CI	PART II. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
HYSIG	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	tpetient 3 DOA 28b. TIME	OF 28c. INJ		6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCC	URED		
ВУ	1 Natural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	IY — At home, farm, str	M 1 🗗	ES 2 NO	261, LOCATION (Street		or Rural R	oute Number,	
ETE	4 Homicide determined	building, etc. (Sp	есну)			City or Town, State	"			
COMPLETED	one) —	SICIAN: To the best of my knows: IER: On the basic of examinat							and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	/	np		D340		29d. OATE		(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF C	EATH (ITEM 27) (Type, I	Print)			•			
	31. DATE FIND HINDOWS P. 9990	ST REGISTRAR'S SIG	MATURE _//ondase							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and state death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)	BONIF	ACE			2. DATE OF DEATH	7	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-52-4442	1 🗆 M 2 🔀 F	52 YRS. MOI	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)	/38	BIRTHPLACE (State or Foreign Country)
2	9a. FACILITY NAME (If not institution, give :	HAM RO NA	trok, "	A /	LUR	ATH	PRLW	CE GEONES
DISECTOR	10a, STATE 10b, COUNT		REES 10c. CITY, TO	OWN OR LOCATE				10d. INSIDE CITY LIMITS? 7 1 YES 2 NO •
ENAL	100. STREET AND NUMBER	71NC HA	y RD	101.	207	72	10g. CITIZEN	S A STATE OF WHAT POUNTRY?
DI FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, spe		IC ORIGIN? (Specify Yan, Puarto Rican, atc.)	a or No — 14.	RACE — American Indian, Black, Whita, etc. Specify:
בובחב	15. DECEDENT'S EDU (Specify only highest grad		16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos	N t of working	16b. KIND OF BU	I SINESS/INDUST	TRY
COMPLE	17. FATHER'S NAME (First, Middle, Last)	Conege (1-4 or 5+)			16. MOTHER'S NAI	ME (First, Middle, Maider	Surname)	
_	EARL THOMAS JAC	KSON			ат.тига	LOUISE HA	ZA	
O BE	19a. INFORMANT'S NAME (Type/Print)		t9b. MAILING AO	ORESS (Street s		Soute Number, City or Tox		de)
-	THOMAS P. BONTE	FACE (spouse	15201	Nottin	sham Rd.	. Upper Ma	rlboro	. Md. 20772
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)		b. PLACE OF DISPOSITION other place)	ON (Name of cen	etery, crematory or	20c. L(OCATION — City	or Town, Stata
	21. SIGNATURE OF TUNERAL SERVICE L	ICENSEE	4-17-90	22. NAME AN	D ADDRESS OF FAC	CILITY		
	1 Janaly	Mellile	11120	STAT	E ANATOM	Y BOARD, I	BALTO.,	MD. 21201
	23. PART I. Enter the diseases, or	complications that cause. List only one cause on	d the deeth. Do not	enter the mo-	le of dying, eucl	h as cerdiec or reep	iratory errest	Approximete interval Between
	iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	. Cor	UN	CAR	(111	0/A		Onset and Death
_		DUE TO (OR AS	A CONSEQUENCE OF):					
2	Sequentisily list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):					
HILLAID	CAUSE (Disease or injury that initieted events recuiting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
7	PART ii. Other significent condition	ons contributing to deeth	but not resulting in t	the underlying	cause given in	Part i. 24s, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
Z Z	PERSISTEN	T VOMIT	TING			PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC	LIVER M	ETASTA	SES					1 TES 2 NO
PHYSICIAN:			<u> </u>					
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
2	1 TYES 2 NO	1 inputiant 2 ER/Out	patient 3 DOA 4			8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCUP	RED
	1 Natural 6 Pending	(Month, Day, Year)	INJUR	Y WO	RK? ES 2 NO			
IED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJUR	Y — Al home, ferm, stre	et, factory, offic		26f. LOCATION (Stree City or Town, State	snd Number or e)	Rural Route Number,
COMPLETED	CONSON ONLY	SICIAN: To the best of my know						cause(a) and menner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIC	0 Y - 1	ΜΛ		29c. LICENSE NUI	PELI QLI	29d. DATE S	SIGNED (Month, Day, Yelfr)
0	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Pr	int) 550	6 GRI	EEVLA	NDIA	G ROLTO
	31. DATE FILEO (MONTH, Dey, Year) APR 1 7 199	32. REQISTRAR'S SIG	NATURE ASINGLES	- UPI	PER A	MARLE	(20) ,	4020772

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last) JULIAN	O. BRA	XTON			2. DATE OF DEATH DAY	90	3. TIME OF OEATH			
010 07 0504	6. AGE (In	MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-20-21	8. BIRTI Count	NPLACE (State or Foreign TV) Md .			
90. FACILITY NAME (If not institution, give stree 4310 Wentworth		9b.	сту, тоwn о Ва1t	R LOCATION OF DE	ATH 9c.	COUNTY OF D	DEATH			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO Balt	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
100. STREET AND NUMBER 4310 Wentworth Rd		Dare		21207	100		1 X YES 2 NO WHAT COUNTRY?			
	2. WAS DECEDENT EVER IN FORCES? 1 V YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spi	ENDENT OF NISPAN	IC ORIGIN? (Specify Yee or N n, Puerlo Rican, etc.)	In- 14. BAC	E — Americen Indien, ik, While, etc.			
15. DECEDENT'S EDUCAT (Specify only highest grade co-		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATION done during movined.)	st of working	Dept. of		tion			
17. FATHER'S NAME (First, Middle, Last) Charles Braxto	n			18. MOTHER'S NA	ME (First, Middle, Melden Surni 211a Brewst					
190.INFORMANT'S NAME (Type/Print) Lula Braxton		4310 W	lentwor	th Rd.,	Balto., Md.	2120				
20s. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal 4 Donation 5 Other (Specify) 21. SIGNATURE OF THERAL SERVICE LICEN	of from State	PLACE OF DISPOSITION OTHER PLACE)	orest 22. NAME AN Marc		e Owr	ON — City or T				
shock, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	disease or condition resulting in death) a. SEVERE HNE MIA OUE TO (OR AS A CONSEQUENCE OF): METASTATIC CARCINOMA OF COLON DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions DIABETES BILATERAL	Contributing to death but ME LA AGONE K	_	Amp	y cause given in	Pert I. 24s. WAS AN AUTI PERFORMED 1 YES 2)?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?			
	IOSPITAL:		THER:	ACE OF OEATH (Ch	6 Other (Specify)					
27. MANNER OF OEATH 1 ☑ Netural 5 ☐ Pending 2 ☐ Application	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OI INJURY	WC	URY AT PRIC?	2ad. DESCRIBE NOW INJUI	RY OCCURED				
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	Al home, farm, stree	ol, fectory, offic	•	28f. LOCATION (Street and I City or Town, State)	Number or Rural	Route Number,			
CONSUM OFFIN					lo the cause(e) and menner time, date and place, and du		(e) and menner ee stated.			
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	140 STH (ITEM 27) (Type, Pril 57(0	WA-BI	29c, LICENSE NUI	ABER 29 29 0 8 9 1	d. OATE SIGNE	(Month, Day, Year) (6/90) 2/2/5			
31. DATE APR (MONTH, 0 1990)	132 REGISTRAR'S SIGN	TURE Gandell			, , , , , , ,					

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. 0	ECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	1. DECEDENT'S NAME (First, Carolyn		Becker						2. DATE OF DEAT	DAY	990	3. TIME OF DEATH 2:45 A M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. las		IF UNDER 1 Y	EAR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes	r)_	8. BIRTH	IPLACE (State or Foreign
	220-05-922	24	1 M 2 📆	68	YRS.	IONTHS LA	HOUR:	min.	Sept. I	[2, 192]	1	Maryland
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)		1	9b. CITY, TO	WN OR LOCA	TION OF D		_	NTY OF D	EATH
<u>۳</u>	3820 E. Pr	att S	Street			Balt	imor	e		-		
DIRECTOR	RESIDENCE OF DEC	EDENT										
Ĭ,	10e. STATE	10b. COUNTY	1			TOWN OR I						10d. INSIDE CITY LIMITS?
告し	Maryland				Ba	1tim	ore					1 YES 2 NO
	10e. STREET AND NUMBER						101. ZIP CC	DE		10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	3820 E.	Dratt	- Stree	F			212	21		TT	S.A.	
빌	11. MARITAL STATUS	riace			1450	1 40 1111			NIC ORIGIN? (Specif			E — Americen Indien,
교	1 Never Married 2	Merried	FORCES? 1	T EVER IN U.S. AR	IO	If yo	s, specify Cu	ben, Mexica	n, Puerlo Rican, atc		Blac	k, White, etc.
B	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES		1 [YES 2 TN	O Specif	y:		Spec	"y: Whi te
			<u> </u>	122		1					<u> </u>	
COMPLETED		EDENT'S EDU highest grade		16a. DE	CEDENT'S U	rk done duri	ng most of wo	rking	166. KIND OF	BUSINESS/IN	DUSTRY	
	Elementary/Secondery (0	-12)	College (1-4 or 5	+)					Warran.			
₹ I	12 th			86	elf e	шртс			Taver			
중	17. FATHER'S NAME (First, M	iddle, Last)					16. M	OTHER'S NA	ME (First, Middle, Ma	iden Surneme)		
BE (John W	<i>lenke</i> :	r				Ca	roli	ne Hei	ntze		
	19e. INFORMANT'S NAME (7						treet and Num	ber or Rural	Route Number, City o	Town, State, Z		. 46835
2	Arlene F.	Cune	ЭУ	4	918	Whea	tride	ge Ro	d. Fort	Wayn	e Ir	ndiana
	20a METHOD OF DISPOSIT	ION		20b. PLACE	OF DISPOSIT	TION (Name	of cemetery, c	rematory or	200	LOCATION -	City or Te	own, State
	20a METHOD OF DISPOSIT		oval from State	other of	nca)	,		,			,	e, Maryland
	4 Donation 5 Other		NEWSEE	- Bacı	.eu n							
	21. SIGNATURE OF POWERA	L SERVICE EN	71/2		-	/ "J"ĉ	seph	N.	Zähnino	Jr.	Fune	eral Home
	San	rk 1	//	anni	2//	263	3 S.	Conk	ling St	Ra	l+o	Md. 21224
	23. PART I Enter the d	seasas, or a	complications the	t caused the da	ath. Bu no							Approximata
	shock, or h	aart fallury.	List only one car					,			,	intarvai Batween
- 1	IMMEDIATE CAUSE (Fir disease or condition	nal	10	-4	/	1	20 /					Onset and Death
	resulting in death)	→ C	6 RCS	O I V MA	214	+0	1/10	re				
			DUE TE	(OR AS A CONSE	DUENCE OF	:			1 .1	/		
Z	Sequantially list condit		a Meta	Stati	C CC	3461	10m	6 6	of the	- 4	ME	1
CERTIFICATION	if any, leading to imma	diata	DUE TO	(OR AS A CONSE	DUENCE OF)	:						
8	cause. Enter UNDERLY CAUSE (Disease or inju		C									
E	that initiated events		DUE TO	(OR AS A CONSE	QUENCE OF)	•						
E	resulting in death) LAS		d									
	LPART ii. Other algnifica	nt condition	a contribution to	dooth but not	o a sidelm as to	Abo conde	abulan anua	a place to	Post I Dec 100	0.441.41170.000		WERE ALTERDAY EMPIRIOS
MEDICAL	PART II. Othar aignines	int condition	a contributing to	daath out not i	eaulting in	i tha unda	riying caus	e givan in	Part I, 24s. W	S AN AUTOPSY RFORMED?	241	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
용	Cinp ky	Ling							1 🗆 YI	S 2 10		COMPLETION OF CAUSE OF DEATH?
Ä	/ /											1 YES 2 NO
45												
2.5							26 PLACE O	E DEATH (C			_	
AN	25. WAS CASE REFERRED T	O MEDICAL							ack only one)			
ICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:	7		OTHER:			neck only one)			
YSICIAN:	EXAMINER? 1 YES 2 NO	O MEDICAL	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	Home 5	Raeldence	6 Other (Specify			
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		1 Inpatient 2			OTHER: 4 Nursin	Home 5 C	Raeldence			CCURED	
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	O MEDICAL Pending	1 Inpatient 2	FINJURY	DOA 26b. TIME	OTHER: 4 Nursin	Home 5	Raeldence	6 Other (Specify		CCURED	
B∀	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicida 6	Pending Investigation Could not be	28e. DATE O (Month,)	F INJURY Day, Year) OF INJURY — At he	26b. TIME	OTHER: 4 Nursin OF 28 PRY	Home 5 C	Raeldence	6 Other (Specify	OW INJURY O		Route Number,
B∀	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28e. DATE O (Month,)	F INJURY Day, Year)	26b. TIME	OTHER: 4 Nursin OF 28 PRY	Home 5 C	Raeldence	6 Other (Specify 26d, DESCRIBE H	OW INJURY O		Route Numb e r,
B∀	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicida 6 4 Homicide	Pending investigation Could not be datermined	28e. DATE O (Month, I) 28e. PLACE building	F INJURY Day, Year) DF INJURY — At he, etc. (Specify)	26b. TIME INJU	OTHER: 4 Nursin OF 26 RY M	Home 5 C. INJURY AT WORK? 1 YES :	Raeldence	6 Other (Specify 26d. DESCRIBE H 26f. LOCATION (S City or Town,	OW INJURY O	er or Rural	Route Number,
B∀	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 299. CERTIFIER (Check only)	Pending Investigation Could not be datermined	28e. DATE O (Month, i 28e. PLACE obuilding	FINJURY Day, Year) OF INJURY — At he, etc. (Specify)	26b. TIME INJU	OTHER: 4 Nursin OF 26 RY M reet, factory	g Home 5 C. INJURY AT WORK? 1 YES :	Reeldence	6 Other (Specify 26d, DESCRIBE H 26f, LOCATION (S City or Town,	OW INJURY O	er or Rural	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	6, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer mours after death. Page 6 may be retained by the hospital or attending physic	I within an mours after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mpietely filled in by the funeral director, page 5 should be detached for use as the buria cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
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REG	ISTRAR			CERTIF								
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	SECURITY NUMBER	5. SEX	6. AGE (In vr.	rs. last birthday)	IF UNDER 1 Y	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		6, BIRT	HPLACE (State or Fi
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	TY NAME (If not institution, give		- 1				R LOCATION OF D		1050		INTY OF I	
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	FOR 1 - STATE REGISTRAR	STATE DF MARYL	AND / DEPARTI				_	
			CERTIFIC	AIE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)		BROOK	·C		2. DATE OF DEATH MONTH 04 13	11998	AR 3. TIME OF DEATH
	KATHRYN						11990	1 2.20 H
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		SIRTHPLACE (State or Foreign
	212-03-0880 9n. FACILITY NAME (If not Institution, give s	7	19	h CITY TOWN O	R LOCATION OF DEA	7-23-19	9c. COUNTY	aryland
DIRECTOR		PITAL CENTER		0		City	-	
REC	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
		ltimore	501			ve, Balt		
FUNERAL	10e. STREET AND NUMBER			101	, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
띮	501 C Castle	Drive			2121	2	U	.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				C ORIGIN? (Specify Yes	n or No- 14.	RACE — American Indien, Black, White, etc.
	1 Never Married 2 Married	FORCES? 1 YES			2 NO Specify:			Specify:
ВУ	3 Widowed 4 Divorced						1	White
입	15. DECEDENT'S EDU (Specify only highest grade	CATION a completed)	18a. DECEDENT'S US (Give kind of wor	rk dane durina mo	ON st of working	18b. KIND OF BU	SINESS/INDUST	RY
	Elementary/Secondery (0-12)	College (1-4 or 5+)	ille. Do NOT use i					
₩ P			Homema	ker			Home	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden		
BE	Alexander	W	Vassin		Mar	У	C	hara
2	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow		
-	Kaye Bushel		115 C	roydon	Rd. Ba	ltimore,	Md.	21212
	20a. METHOD OF DISPOSITION 1 Durial 2 Cycremetion 3 Rem		b. PLACE OF DISPOSIT other place)	TON (Name of cen	netery, crematory or	20c. LO	CATION — City	or Town, State
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	* Kolo 1 b	Alan		Brad	ley - A	shton Fu	neral	Home Inc.
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	23. PART I. Entar the disesses, or shock, or heart failure.	List only one cause on e		t enter the mo	as of aying, such	ss cardiac or reap	iratory strest.	Approximate interval Between
	IMMEDIATE CAUSE (Final	0.101	ECTUTE	116	APT	EAILIN	4	Onset and Daath
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z l	Sequentially list conditions,	" HICI CICIO	1-2010	Kali C	C/HCY	10-1173	C9 (/1 (2
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<u>১</u>	CAUSE (Disesse or injury	C						
RTIFI	that initisted events	DUE TO (OR AS A CONSEQUENCE OF):						
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I	PART ii. Other significant condition	ns contributing to death I	but not resulting in	the underlying	n cause given in i	Part I. 24s. WAS AN	AIITOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL						PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ă						1 _ YES :	2 X NO	OF DEATH?
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ż								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI	LACE OF DEATH (Che	eck only one)		
YS	1 TYES 2 YNO	1 Sempatient 2 - ER/Out			ne 5 🗆 Residence	8 Other (Specify)		
PH	27. MANNER OF DEATH	(Month, Day, Year)	28b, TIME INJU	OF 28c. INJ	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			<u></u>
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, str	reet, factory, offic	:0	281. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,
ETE	4 Homicide datermined					,,,		
7	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	wledge, death occurred	at the time, date	and place, and due	to the cause(e) and ma	inner as stated.	
COMPL	one)	IER: On the besie of axamination						ause(a) and manner as stated.
2	29b, SIGNATURE AND TITLE OF CERTIFIE		A THE STATE OF THE					
BE	ALLOCAL	(And			DIAZ	Le	≥ 04	IGNED (Month, Day, Year)
5	0. 644	NO COMPLETES SAME		2.5-4	0,0,0)	1	7011
	30. NAME AND ADDRESS OF PERSON WI		AND CO	mnt)	hogait-N	L. TBALT	iMOVE	mo21218
	J ANSARIA-	MI) , FIOME	manil Da	017	10 21 . 141	1	-	- 21418

32. REGISTRAR'S SIGNATURE
Stable Davidson-Randales

7 1990

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 2. DATE OF OEATH 4 13/90 3. TIME OF DEATH : 35 AM . 1. DECEDENT'S NAME (First, Middle, Last) Martha BlackShire E. MARTHA E. BLACKSHIRE 5:35 A M 04 90 7. DATE OF BIRTH (Month, Day, Year) 2/19/12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 X F 78 YRS. 236-14-8574 West Va. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL CORPORATION BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE BALTIMORE 1 TYES 2 NO MD. permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21222 56 Kinship Rd. DUndalk use as the burial-transit U.S.A. after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-If yee, specify Cuben, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 2 NO FORCES? 1 YES 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: Specify: BY 3 Nidowed 4 Divorced WHite COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) 10 Elementary/Secondary (0-12) detached Unknown Homemaker Own Home once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Lest) filled in by the funeral director, page 5 should be Ħ David Brown Rose Ellan notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7605 Merritt Blvd.Dundalk, MD.21222 FLorence M. Colosino pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 1 № Buriel 2 □ Cremation 3 □ Removal from State must Oak LAwn Cemetary BAltimore, Md. 4 Donatton 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton Funeral Home, Inc. 2134 WIllow Spring Rd.DUndalk,Md.21222 ta or remova medical 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete shock, or heart fellure. Liet only one couce on acching interval Between Onset and Death **IMMEDIATE CAUSE (Finel** attending physician and completely fille mal Hygiene prior to burial, cremation, the diseese or condition_ OUE TO (OF AS A CONSEQUENCE OF): reaulting in death) executed within event, fraumatic CERTIFICATION Sequentially liet conditione, OUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events certificate be other f DUE TO (OR AS A CONSEQUENCE OF): recuiting in death) LAST 6 requires that the death the atten Mental h injury, PART II. Other eignificant conditions contributing to deeth but not reauting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE n signed by the Health and N shows any SCLERODERMA 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO been s PHYSICIAN: has be Dept. WE 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) PHYSICIAN: The item death with the State HOSPITAL: OTHER: 1 TYES 2 NO npatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident OR ATTENDING 28a. PLACE OF tNJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .09 ED 8 Could not be FUNERAL DIRECTOR: 1 within 72 hours after o 4 Homicide determined 28 COMPLET If Item 29a. CERTIFIER 1 Z CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or trivestigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) -20c. LICENSE NUMBER THE BE

My

32 REGISTRAR'S SIGNATURE

Lakie Varidson Randoll

h Hospital

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sahah A. HI- Attay

APR1 71990

31. DATE FILED (Month, Day, Year)

137725

DR,

D 04/13/50

SABAH A. AL-ATTAR, M.D.

KAKKIMORK CHURCH HOSPITAL

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full house after death with the State Dank of Health and Montal Horisep Infort to build commaring or removal	מ
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is after death. Page 6 may be retained by the hospital or attending physician.	lied in by the funeral director, page 5 should be detached for use as the burial-transit g. or removal.	e medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit per has selected within 72 hours after death with the State Dent of Health and Mental Hybiere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.
	2 DATE OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT				GIENE			
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH		3. TIME OF GEATH	
	Richard L.	BENNINGER				April 1	13,	1990	5:50 pm. m	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. las		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BII (Month, Day,		6. BIRTH	IPLACE (State or Foreign	
	234-32-1901 9a. FACILITY NAME (If not institution, give s	1 M 2 F 63			R LOCATION OF DE	12-30	0-1926		•	
DIRECTOR	Franklin Squar			Esse				ltimo		
2	10a. STATE 10b. COUNT		10c. CITY, TOWN	OR LOCAT	ION				10d. INSIDE CITY	
FI	Md. Balt	imore	Esse	ex					LIMITS?	
AL AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. C	ITIZEN OF Y	WHAT COUNTRY?	
FUNERAL	3702 Hurlock	RoAD			21220			U.S	.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF		3. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Spi	ecify Yes or No-	- 14. RACE	E — American Indian, k, White, atc.	
BY F	1 Never Married 2 Married 3 Wildowed 4 Olvorced	FORCES? 1 ₩ YES 2 1	NO		city Cuban, Maxica 2 NO Specify		etc.)	Speci	tty:	
									White	
COMPLETED	15. DECEOENT'S EOU (Specify only highest grade	completed) (G	ECEOENT'S USUAL Sive kind of work don b. Do NOT use retired	e durina moi		16b. KIND	OF BUSINESS/	NDUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)								
M	17. FATHER'S NAME (First, Middle, Last)	r	actory	WOL	16. MOTHER'S NA		Mfg.			
	Norris	H. Benni	naor			me (First, Middle, rude		,	lance	
BE	19a. INFORMANT'S NAME (Type/Print)			PR /Charat a	nd Number or Aural I				Tance	
2	May L. Clark				Rd. E					
	20a. METHOD OF DISPOSITION		OF DISPOSITION			SSEA,	20c. LOCATION		nun State	
	1 Donation 5 Other (Specify)	noval from State other pl	lace)		remator	37	Balti			
	21. SIGNATURE OF FUNERAL SERVICE LIN				D ADDRESS OF FA		Daiti	iiiOT 6	, Mu.	
	W.Sa. 1 K	Alas	7							
	10cma	· Moallo							t. 21222	
	23. PART I. Enter the diseases, or shock, or heart feiture.	complications that caused the de List only one ceuse on each line		er the mo	de of dying, suc	h ee cerdiec d	or respiretory	srrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final								Onset and Death	
	disesse or condition resulting in deeth)	. Congestive He	eart Fa	ilure	•					
ON	Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):									
ATI	if sny, leeding to immediate cause. Enter UNDERLYING	Right Lower Lo	he Inf	itrat	ion.					
윤	CAUSE (Diseese or Injury thet initieted events	DUE TO (OR AS A CONSE	QUENCE OF):		10111					
CERTIFICATION		Chronic Renal	Failur	e.						
NA.	PART II. Other significent condition	e contributing to deeth but not	resulting in the	underlying	ceuse given in		WAS AN AUTOPS PERFORMED?	3Y 24b	AWAILABLE PRIOR TO	
ă						_ 1 -	YES 2 NO		OF DEATH?	
Z									1 YES 2 NO	
PHYSICIAN: MEDIC										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН		ACE OF DEATH (Ch	eck only one)	-			
ΥS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient :		_	e 6 🗆 Rasidence					
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY		RK?	28d. DESCRIB	E HOW INJURY	JCCURED		
BY	2 Accident Investigation	26s. PLACE OF INJURY At he	Ama faur atreat f		rES 2 NO	004 1 0047101	Street and Num		S N	
0	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Specify)	ome, mim, acrest, i	actory, office		City or Tow		per or nurei i	noute Number,	
	29e. CERTIFIER									
COMPLETED	(Check only 1 CERTIFYING PHYS	SICIAN: To the best of my knowledge, d								
8		ER: On the besia of axamination and/or	investigation, in m	y opinion, d	eath occured at the	time, date and p	placa, and dua to) the cause(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI	MBER	29d. E		(Month, Day, Year)	
9	J.Kh	ooku			N/A			04/1	3/90	
	30. NAME AND ADDRESS OF PERSON WE SUZAN Khoromi, M.	D., 9000 Frankli	in Squar	e Dri	ve, Balt	imore,	Maryla	nd 21	237	
	31. APR 1 7 1990 (APR)	32. REGISTRAR'S SIGNATURE								
	HFR 1 / 1930 5	HARA JOINDAM Handel	6							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23. The after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	90 10204
	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND / DEPARTMENT OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) JAMES BERRY, JR. 2. DATE OF DEATH 4-12-90 3. TIME OF DEATH 11 MONTH DAY YEAR VEAR S. / 2 - 9 0 9 / 3 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6 AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day) 8. BIRTHPLACE (State or Foreign Country) Nonths Days Hours Min. 7. DATE OF BIRTH (Month, Def. Veer) 7. DATE OF BIRTH (Month, Def. Veer) 8. BIRTHPLACE (State or Foreign Country) Maryland
OR	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BL. COUNTY OF DEATH BL. COUNTY OF DEATH BL. COUNTY OF DEATH BL. COUNTY OF DEATH BL. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 106. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore City 10d. INSIDE CITY LIMITS? Maryland none 3700 Yolando Road Maryland National Road Maryland National Road
RAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
BY FUNERAL	3700 Yolando. Road 11. MARITAL STATUS 11. Marital STATUS 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elemantary/Secondary (0-12) College (1-4 or 5+) Labor 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Labor Moving Output Moving Output Note: Moving Output Note: Note
BE CON	17. FATHER'S NAME (First, Middle, Last) James Berry, Sr. Arnetta Anderson
TO E	19a. INFORMANT'S NAME (Type/Print) Arnetta Berry 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3700 Yolando Rd, Balto, Maryland 21218
	206. METHOD OF DISPOSITION 1. Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 206. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Nt. Auburn Cemetery Baltimore Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Calvin B. Scruggs Funeral Home
	23. PART i. Enter the diseases, or complications that ceused the distribution of the control of
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. End Store Renal Do I handwinkers
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in daeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEDT PERFORMEDT 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRIGO TO MEDICAL EXAMINER? 1 VES 2 NO 1 important 2 ER/Outpatient 3 DOA 4 / Plursing Horne 5 Residence 6 Deter (Specify)
ву РНУ	27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, That) 28b, TIME OF SHJURY AT 28d, DESCRIBE HOW INJURY OCCURED WORK? 1 Netural 5 Pending Investigation Investigation
8	3 Suicide 6 Could not be building, etc. (Specify) 28s. PLACE OF INJERRY — At home, farm, street, factury, office City or Tawn, Street and Mumber or Flural Floub Mumber of Flural Flural Floub Mumber of Flural Floub Mumber of Flural Floub Mumber of Flural Floub Mumber of Flural Floub Mumber of Flural Floub Mumber of Flural Floub Mumber of Flural Floub Mumber of Flural Flu
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (No. Print)

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-time be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		MARYLAND /	ERTIF						REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	FELIX	BONDI						MON	RIL 11	, 199	YEAR	3. TIME OF DEATH 10:27 A
	4. SOCIAL SECURITY NUMBER 220-14-8711	5. SEX 1 🔏 M 2 🗌 F	6. AGE (In yrs. les 76	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Moi	E OF BIRTH oth, Day, Year) R. 6.]	914	6. BIRTH Count	HPLACE (State or Foreign AUSTRIA
5	9a. FACILITY NAME (If not Institution, give s SINAI HOSPITAL		9b. CITY	, TOWN (ON OF DE	ATH			NTY OF D	DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MARYLAND	1		10c. CIT	ry, town (OR LOCAT	All Control						16d. INSIDE CITY LIMITS? 1 Yes 2 NO
FUNERAL I	100. STREET AND NUMBER 3814 MENLO DR.			<u> </u>		101	I. ZIP COD	E 21215			10g. CIT	IZEN OF V	WHAT COUNTRY?
à	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	1 YES 2, NO If yes, a				ECENDENT OF HISPANIC ORIGIN? (Specify Year apacify Cuben, Mexicen, Puerlo Ricen, etc.) ES RAN NO Specify:				or No		
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		+) (G	ECEDENT'S live kind of Do NOT u	work done ise retired.)	during mo		ng	16b. KIND OF BUSINESS/INDUSTRY METAL TRADING				
BE CON	17. FATHER'S NAME (First, Middle, Last) SIEGMUND BONDI						18. MOT			, Middle, Maiden ESTINE		ACHE	ER
2	190. INFORMANT'S NAME (Type/Print) MRS.JENNIFER BON	IDI	-19		ADDRES					mber, City or Town		21215	5
	20e. METHOD OF CISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE other pi	OF DISPO									own, State IN , MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	LOUIS			22.	SOI	LEV	INSO	8 N	BROS.,			21215
	23. PART—Enter the diseases, or ehock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the	at coused the deuse on each line. Acr te	в.	not enter	the mo	ode of dy	Ing, auch					Approximate interval Between Onset end Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CI	PART II. Other significant condition Dishe to Mull Chronic Ven	tus	- 01	resulting	In the u	nderlyin	g ceuse	given in	Part 1.	24a. WAS AN PERFOR	MED?	246	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 N-NO	HOSPITAL:	ER/Outpatient	2 004	OTHE	R:		DEATH (Che					
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE O		28b. TII		28c. IN.	JURY AT ORK? YES 2 [her (Specify) ESCRIBE HOW I	NJURY OC	CCURED	
LED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined		OF INJURY At he, etc. (Specify)	ome, farm,	street, fac	tory, offic	ce .			OCATION (Street a ty or Town, State)		or or Rural	Route Number,
۳ ا	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS												(e) end manner ee stated.
Š I													
TO BE COMPLET	29b. SIGNATURE AND TITLE OF CERTIFIE	1	m				29c. LIC	ENSE NUM	BER	2	29d. DA	TE SIGNES	12/90 Year)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

OHMH-16 Rev 1/89

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	1 - STATE REGISTRAR	STATE OF MARY			TMENT					HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) R. B	RUCE	BF	ENNE	ZR				2. DATE OF MONTH 4-1	1-90	Y	PAR	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 213-40-1930		E (In yrs. lest		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. WIN.	7. DATE OF	BIRTH	42	Country	PLACE (State or Fore	elgn
OR	90. FACILITY NAME (If not institution, give sti Beach on propert		nghous	se			R LOCATIO	ON OF DE	ATH			ARU	J- County	7
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARYLAND	BALTIMORE		10c. CIT	Y, TOWN O	R LOCAT						10d. INSIDE CITY LIMITS? 1 1 YES 2 \(\text{NO} \) NO		
	100. STREET AND NUMBER 212 GATESWOOD RD			L	1111		ZIP CODE	2109	23		10g. CITI		HAT COUNTRY?	10
BY FUNERAL	212 GATE/SWOOD RD	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 1	MED IO		f yes, spe		F HISPAN	IC ORIGIN? (or No—	14. RACE	— American Indian, White, etc.	١,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(GI	a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) LANDSCAPER HORTICULTURE										
BE CO	17. FATHER'S NAME (First, Middle, Lest) ROBERT W. BREMNE	R						VI	ME (First, Mid OLET	CLAR	K			
0	19a. INFORMANT'S NAME (Type/Print) MRS. ANNE MATTSOI	N	198		9 MAG				PASAD			2112	22	
	20a. METHOD OF DISPOSITION 1	USOLEUM	20b. PLACE other ple DR	OF DISPO	RIDG	me of cen E	etery, cren	atory or			KESV.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	L Lever	25	n					N & BI				RE, MD 2	1215
CERTIFICATION	23. PART I. Enter the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B. Multiple DUE TO (OR A	rib f s a consec s a consec	ract QUENCE O	ures ค:								Approxima Interval Be Onset and	tween
CERTIF	that initiated evants resulting in dasth) LAST	DUE TO (OR AS A CONSEQUENCE OF): d									IDINGS			
PHYSICIAN: MEDICAL	PERFORMEO? AWA COI								AVAILABLE PRIOR 1 COMPLETION OF CO DF DEATH? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AUSE				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1XXX ES 2 □ NO	HOSPITAL:	Outpatient 3	[] DOA	OTHE	At:			sck only one)	Snecify)	SCE	ME		
BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation **Purcise** 6 Could not be	28e. DATE OF INJUT (Month, Day, Yes 3-3-90 28e. PLACE OF INJU- building, etc. (5	JRY — At ho	me, farm,	AE OF JURY M	28c. INJ WC 1	URY AT RK? YES 2	× _{NO}	Subj	ect p	reci	pate	d from b	
COMPLETED	Homicson determined	CLAM: To the best of my kr			Bri		and place	, and dua				_	Arundel	Co,N
	many .	A: On the bests of examina	ation and/or	investigati	on, in my o	opinion, d		red at the		nd placa, an		E SIGNED	(Month, Day, Year)	ated.
TO BE	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITE	М 27) (Тур	e, Print)		OC.	ME			•	4-	-12-90	
	JAMES KAPLAN, MD	32. REGISTRAR'S S				nn S	tree	t,Ba	ltimo	re,MD	212	01		VC
		Pulla Davidson		L.										

led in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 10 THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely lined in by the for filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPART					YGIENE EG. NO.		1020
100	1. DECEDENT'S NAME (First, Middle, Lest)	orothy Mae		mer			2. DATE OF D	_	The state of the s	3. TIME OF DEATH 4 10 A M
	4. SOCIAL SECURITY NUMBER 5. 220 - 63 - 3895 1	sek 8. AGE (In yrs. Is 7 €		MONTHS D	YEAR IF L	JNDER 24 HRS. JRII MIN.	7. DATE OF B (Month, Day 2	Year)	C	Ountry
OR	HARBOR HOSP. C	BALTIMORE 10c. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 10g. CITYEN OF 10g. CITYEN OF 10g. CITYEN OF 10g. CITYEN OF 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apecify Cuban, Maxican, Puarto Rican, etc.) 14. RAC Blac Specify DUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE Maryland	No. 100	10c. CITY			imore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	100. STREET AND NUMBER 1004 Druidon C	ourt			10f. ZIP		225			OF WHAT COUNTRY?
BY FUN		. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	RMED NO	If y	es, specify	ENT OF HISPAN Cuban, Maxican	IIC ORIGIN? (Sp n, Puarto Rican		No- 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED		college (1-4 or 5+)	Give kind of w e. Do NOT use	ork done dun retired.)	ing most of v	worlding				
COMP	12th 17. FATHER'S NAME (First, Middle, Lest) George Hand	•	Glass	Pac				e, Maiden Su	rname)	ass Co.
TO BE	190. INFORMANT'S NAME (Typo/Print) Patricia M. Rin	1					Route Number, C	ity or Town,		
	20a. METHOO OF DISPOSITION 1 Burial 2 A Cremation 3 Ramoval 4 Donatton 5 Other (Specify)	from State 20b. PLACI	E OF DISPOS	ITION (Name	of cemetery	crematory or		20c. LOCA	TION — City	or Town, State
	21. SIGNATURE OF TUNERAL SERVICE ATCENT	SEE Mr. After		22. NA C Y	ema	tion S	outy Seciet	ty of	f Md.	, Inc.
	23. PART I. Enter the disesses, or com shock, or heart failure. Lis									Approximate interval Between
	IMMEDIATE CAUSE (Finei disease or condition resulting in desth)	Diffuse Due to (OR AS A CONS) Superior	Larg	e C	ell	lym	phomi	A (Pri	gess	Onset and Death
NO	Sequentielly list conditions, b	Superior OUE TO (OR AS A CONS	Vena EQUENCE OF	CAU	AT E	Abstru	ction	Due :	场场	rombi
CERTIFICATION	if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONS	EQUENCE OF):						
CER.	PART II. Other significent conditions of	contributing to death but not	requiting i	n the unde	arluina car	use shien in	Don't 1	UMO AN AI	maney	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						gron m		PERFORM	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE	OF DEATH (Ch	eck only one)			
YSIC	1 YES 2 NO	OSPITAL: Inpatient 2 - ER/Outpatlant	3 🗆 DOA	OTHER:		Residence	6 Other (Sp	ecify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M.	8c. INJURY WORK? 1 YES		28d. DESCRII	BE HOW INJ	IURY OCCURE	ED
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At I building, etc. (Specify)	nome, farm, a	treet, factor	y, office			N (Street and wn, State)	d Number or R	lural Route Number,
COMPLETED	ana)	N: To the best of my knowledge, on the basis of axemination and/o								use(a) and manner as stated.
TO BE C	296. SIGNATURE AND THTLE OF CERTIFIER					LICENSE NUI	MBER TSP Lice		DATE SK	SNED (Month, Day, Year)
	II so NAME AND ASSESSED OF BERROOM WILL O	OMPLETED CAUSE OF DEATH AT		The state of the s						

HArbon Hosp Licence

3200

ST BALT, S. HANDVER

21230

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32 REGISTRAN'S SIGNATURE SELVIA DRINGSON-RO

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	24	tion t	the
-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	exe	to b	ma
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6 may be retained by the hospital or attending physician.	ctor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		nust be notified at once.
A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	s after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MAR		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	E					
1. DECEDENT'S NAME (First, Midd Keziah	le, Last)	Bowler		2. DATE OF DEATH MONTH 4/15/90	YEAR	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 220 12 5265 9a. FACILITY NAME (If not institution)	1 🗆 M 2 🖫 F	73 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Dey, Veer) 6/16/16	6. BIRT Coun M					
2205 Montio	cello Rd.		Baltimore							
Md.	COUNTY		altimore			10d. INSIDE CITY LIMITS? 1 XYES 2 NO				
100. STREET AND NUMBER 2205 Mon	ticello Rd.		101. ZIP CODE		U,S.	WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 \(\text{Y} \) Y IF YES, GIVE WAR O	ES 2 NO.	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto Rican, etc.)	Soe	E — American Indian, ck, White, etc. c/ly: aCK				
15. DECEDEN (Specify only high Elementary/Secondary (0-12)	IT'S EDUCATION eet grade completed) Coffege (1-4 or 5+)		USUAL OCCUPATION Ork done during most of working relatively terer 16b. KIND OF BUSINESS/INDUSTRY FOOD							
17. FATHER'S NAME (First, Middle,	unk		18. MOTHER'S N. Elizak	AME (First, Middle, Maiden Deth Ha:	Sumame)					
190. INFORMANT'S NAME (Type/P) David	King	196. MAILING ADD 2205 I	Monticello F	Rd. Balt	ute Number, City or Town, State, Zip Code) B. Balto., Md.					
20a_METHOD OF DISPOSITION 1 Department of Disposition (Name of permetary, crematory or Balto., MC 4 Donation 5 Other (Specify)										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons 1701 Laurens St. Balto I										
	ses, or complications that cer fellure. List only one ceuse of s. SDE TO (OR.	an each line. CVA AS A CONSEQUENCE OF):		/	Iratory srrest,	Approximata Interval Betwee Onset and Dast				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. ASPIRATION PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significent of MYPOTITY PARK(N	1ROIDISM -	th but not resulting in the CHF	t resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							
25. WAS CASE REFERRED TO ME EXAMINER? 1 2 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C							
27. MANNER OF DEATH 1 Netural 5 Pend	28a. DATE OF INJU	IRY 28b. TIME O	Nursing Home 6 Paldence F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED					
3 Suicide 6 Coul	2 Accident Investigation 2 26. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) City or Tow									
one)	NG PHYSICIAN: To the best of my i					o(a) and manner as stated.				
296. SIGNATURE AND TITLE OF	CERTIFIER World	e, ui)	29c. LICENSE N	UMBER GOS	29d. DATE SIGNE	ED (Month, Day, Year)				
AMBACHE	RSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, Pri	431 Mar	yland a	rup s	allo 462				
31. DATE FILED (Month, Day, Year)	Sulie Davidson	Series Series								

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR		STATE OF MARY				HEALTH AND	MENTA	L HYGIENE					
1. DECEDENT'S NAME (FIRE	ed A	nn Bani	nist	ter			2. DATE	of DEATH	-90 YE	AR 3. 1	7:10 Pm		
014-09-	4. SOCIAL SECURITY NUMBER 014-09-2488 1 M 2 DF 9a. FACILITY NAME (If not institution, give street and number)					IF UNDER 24 HRS. HOURS MIN.	O4	of BIRTH	10 & BIRTHPLACE (State or Foreign MASS.				
16	aris Ho			96, 0		WSON	EATH		9c. COUNTY Ba	Ltime	ore		
MARYLAND	BALT	I M ORE		10c. CITY, TOW		ATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
3 DODSWORTH 11. MARITAL STATUS 1 Never Merried 2					30	21030			10g. CITIZEN USA	OF WHAT	COUNTRY?		
3 Widowed 4 Div	Morried	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X40	ED	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico S 2 NO Specif	nn, Puerto			RACE — / Black, Wh Specify:	American Indien, lite, etc.		
(Specify of Elementary/Secondary	CEDENT'S EDUC	completed) College (1-4 or 5+)	(Give	EDENT'S USUAL e kind of work do to NOT use retire	ION lost of working	b. KIND OF BUS	INESS/INDUST		-				
12	12 6 TE					1		EDUCAT					
		TOMPR				18. MOTHER'S NA			Surname)				
JAMES EDWA		ITSTEK	106	MAII INO ADDR	EDD /Chant	CATHRYN and Number or Rural	-		State Via Con	de l			
										Je)			
PETER A. I		2				emetery, crematory or	AD HUNT VALLEY, MD.						
1 TBurlel 2 Cremet 4 Donation 5 Oth	r (Specify)	val from State	other plac	PATRIC	KS_CI	EMETERY					DE ISLAND		
≥ Marti	22. NAME AND ADDRESS OF FACILITY DIPPEL FUNERAL HOME, INC. 7110 BELAIR ROAD BALTIMORE, MD. 21206 23. PART I. Enter the diseases, or complications that coused the death. DD not enter the mode of dying, such as cerdisc or respiratory strest, Approximate												
shock, pr IMMEDIATE CAUSE (F disease or condition resulting in deeth)			tatio		eas	+ can	cer				interval Between Onset and Death		
If eny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST												
	PART II. Other significent conditions contributing to deeth but not re					ng ceuse given ir	Part I.	24a. WAS AN PERFOR	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 70			
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	TO MEDICAL	HOSPITAL:		ОТІ	IER:	PLACE OF DEATH (C							
1 TYES 2 THO		1 Inpatient 2 II ER/O		DOA 4	Nursing Ho	me 5 🗆 Residenca							
	Pending Investigation	28e. DATE OF INJURY (Month, Day, Year		28b. TIME OF INJURY	W	JURY AT YORK? YES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCCUR	EO			
2 Dedalds -	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Ro							Rural Route	Number,				
anal .		CIAN: To the best of my kno								ause(a) an	d manner as stated.		
296. SIGNATURE AND THE	a A	aleyas				29c, LICENSE NU D 2708			29d. DATE \$1	GNED (Mo	rith, Day, Year)		
		COMPLETED CAUSE OF C. M.DStel			spice	e-Dulaney	Val	ley Rd.	-Tows	on 2	L204		
31. DATE FILED (MOST), PO		32. DEGISTRAR'S SK											

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 four after TO THE PUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely fled in by be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremination, or remoim MPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ust be notified at once.

FOR 1 - STATE

HEGISTHAR		CER	TIFICAL	E OI	DEATH	HE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	DAY	YEAR 3.	TIME OF DEATH
MILDRED BE			-			3/15/			:10PM
4. SOCIAL SECURITY NUMBER 210-14-5182	5. SEX 6.	AGE (in yrs. last birt	(RS. MONTH	ER 1 YEAR DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 11/20/	Year)	Country)	CE (State or Foreign
9a. FACILITY NAME (If not institution, give	street and number)		9b. CI	TY, TOWN	OR LOCATION OF DE			JNTY OF DEAT	
DRINCE GEORGES H	IOSPITAL CE	ENTER		CHEV	VERLY		PG		
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	rv		19c. CITY, TOWN OR LOCATION						d. INSIDE CITY
MD IOL COOK	PG		ARGO	TON LOCA	TION			1 1 1 1	LIMITS?
10e. STREET AND NUMBER	77			10	H. ZIP CODE			TIZEN OF WHA	COUNTRY?
10245 Prince	12. WAS DECEDENT I						US		
1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2X NO		If yes, s	CENDENT OF HISPAN pecify Cuben, Mexica S 2 NO Specify	n, Puerto Rican,	etc.)	Specify:	American Indien, hite, etc.
15, DECEDENT'S ED	HICATION	144 DECED	ENT'S USUAL	OCCUBAT	ION	Tab King	OF BUSINESS/IN	lack	
(Specify only highest grad	le completed)	(Give la	ind of work dor NOT use retired	ne during m	ost of working	IOD. KIND	Or BUSINESS/IN	DUSTRI	
Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT BUS TODIOC	.,					
SEcondaru	None	Gov	rt Worl	ker					
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle,	Maiden Sumame)		
George W Baker					Mary	Tate			
19e. INFORMANT'S NAME (Type/Print)		19b. M/	AILINO ADDRE	SS (Street	end Number or Rural	Route Number, Cit	y or Town, State. 2	(Ip Code)	
Josephine E Pa	nne				b,c,d,e,				
20a, METHOD OF DISPOSITION	igiic	-				<u> </u>		014 · · · · ·	21.4
1 M Buriel 2 □ Cremation 3 □ Rea	moval from State	other place)			emetery, crematory or		20c. LOCATION -		State
4 Donation 5 Other (Specify)		Gate o			Cemetery		heaton,	Md	
21, SIGNATURE OF FUNERAL SERVICE L	JCENSEE	- 18C)		AND ADDRESS OF FA	Jon	n T Rhi	nes Co	
23. PART I. Enter the diseases, or	1/1/0/201	V. (0			12th ST				
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardio	Respira		Arre	est			-	Onset end Dea
Senticemia									
Sequentially list conditions, If any, leading to immediate b. Septicemia Due to (or as a consequence of):									
cause. Enter UNDERLYING	Treforts	d Doguhi	A.z.a. 77	7 ~ ~ ~					
CAUSE (Disease or injury that initiated events	c _ Infecte	R AS A CONSEQUE	NCE OF):	LCer					
resulting in death) LAST									1
d. Severe Rheumatoid Arthiris									
PART II. Other significant condition							AN CC	ERE AUTOPSY FINDIN AILABLE PRIOR TO DMPLETION OF CAUSI	
						' _	XXX		DEATH?
									_ 123 Z _ 100
	1								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		PLACE OF DEATH (C)	neck only one)			
1 TYES 22/CXNO	1 🗆 Inpatient 2 🗆 I	ER/Outpatient 3 🗆			me 5 🗆 Residence	6 - Other (Spe	ocity)		
27. MANNER OF DEATH	28a. DATE OF III (Month, Day		86. TIME OF INJURY	28c. If	JURY AT	26d. DESCRIB	E HOW INJURY O	CCURED	
1XXNatural 5 Pending		, 100)	M		YES 2 NO				
2 Accident Investigation		INJURY — Al home.	form street i	factory off	ice	26f LOCATION	(Street and Numb	or or Bural Bout	to Number
3 Suicide 6 Could not be 4 Homicide determined	building, et		Talling Groups	actory, on		City or Tov		or or runar room	,
29e. CERTIFIER	OlClass. To the best of					4-44		acist.	
(Crieck Grity	SICIAN: To the best of m								
Z MEDICAL EXAMI	NER: On the besie of axa	mination end/or inve	stigation, in m	ny opinion,	death occured at the	time, data end	place, and due to	the ceuse(e) a	nd manner as stated
296. SIGNATURE AND TITLE OF CERTIF	ER /	11			290 HGENSE NV	MBER	294, 19	15/79B/	breth, Days Year)
to Elill	KOLK /	Healla	YUD		D20210	1883	F'	200	lca.
30. NAME AND ADDRESS OF PERSON V	THO COMPLETED CAUSE	OF DEATH STEM 2	D (Type Proc)			1 43		1719	40
R K Yadla, MD, 9				n, Ma	20706 S	uite 3	08	301	-577-88/
31. DATE FLEDOR HAND OF TOO	3 REGISTRAR		45					7	,

× =

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Coyle, Charles

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, F.C. BOA 13148,	DALLIMONE, MANTLAND 21203-3140		;	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	rours after death. Page 6 may be retained by the hospital or	attending physician.		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	se as the burial-transit permit. Pages 1, 2	3 should	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o	or removal.	02.10 01	ノサオカフ	インスサンカンナンの次
IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.	31450 つれらし	S Jan :	

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last) CHARLES JOHN COYLE 8. SEX 8. SOCIAL SEASON SET ON PART ON THE COYLE 2. 19 - 20 - 1946 1. 1 1 900 2. 15 a. m. APRIL 1 190 2. 15 a. m. APRIL 1 190 2. 15 a. m. APRIL 1 190 2. 15 a. m. APRIL 1 190 2. 15 a. m. APRIL 1 190 2. 15 a. m. APRIL 1 190 2. 15 a. m. APRIL 1 190 2. 15 a. m. APRIL 1 190 3. TIME OF DEATH APRIL 2 190 4. A. AGE (In yrx. lisst birthodor) BALTIMORE 10. COUNTY OF DEATH BALTIMORE 10. COUNTY OF DEATH BALTIMORE 10. COUNTY OF DEATH BALTIMORE 10. COUNTY OF DEATH BALTIMORE 10. COUNTY OF DEATH BALTIMORE 10. COUNTY OF DEATH 10. COUNTY OF DEATH 11. MARTHAL STATUS 11. MARTHAL STATUS 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACHON 11. WAS DECEDENTE DEACH
CHARLES JOHN COYLE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yr. Inset pirthday) Fig. 1. CYM 3: P
219-26-1946 1 Xu 2 F 50 VRB. MOUNTE DAY'S MOUNTE MRY AND MRY AND 9s. FACILITY NAME (If not institution, give streat and number) JOHNS HOPKINS HOSPITAL 8s. COUNTY OF DEATH BALTIMORE CITY 10s. STATE 10s. COUNTY OF DEATH BALTIMORE 10s. COUNTY Sec. COUNTY OF DEATH BALTIMORE 10s. COUNTY 10s. COUNTY
219-26—1946 14 CMP 2 F 50 15 STARE MARYLAND 16 COUNTY OF DEATH 16 COUNTY OF DEATH 17 STARE 18 SALTIMORE 18 SALTIMORE 18 SALTIMORE 18 SALTIMORE 18 SALTIMORE 18 SALTIMORE 18 SALTIMORE 18 SALTIMORE 18 SALTIMORE 18 SALTIMORE 19 CODE 19 CODE SALTIMORE 19 CODE 10 COUNTY 10 STREET AND NUMBER 10 CODE SALTIMORE 10 CODE SA
JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 108. STATE 109. COUNTY MARY LAND BALTIMORE 109. CITIZEN OF WHAT COUNTY? 582 47TH STREET 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 11. MARTAL STATUS 12. WAS DECEDENT EVER IN U.S. ANMED 13. WAS DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. SPRECT 17. SEDECH STATE STATUS 18. DECEDENT'S USUAL OCCUPATION 18. DECEDENT'S USUAL OCCUPATION 19. WHAT COUNTRY WHITE 18. DECEDENT'S USUAL OCCUPATION 19. WAS DECEDENT'S USUAL OCCUPATION 11. WAS DECEDENT'S USUAL OCCUPATION 11. WAS DECEDENT'S EDUCATION 12. WAS DECEDENT'S USUAL OCCUPATION 13. WAS DECEDENT'S EDUCATION 14. BACE — American Indian, Bisch, White, Specify. WHITE 15. DECEDENT'S EDUCATION 15. DECEDENT'S USUAL OCCUPATION 16. DECEDENT'S USUAL OCCUPATION 16. DECEDENT'S USUAL OCCUPATION 17. RATHER'S MARE (First, Middle, Marklein Surrageme) WHITE 16. DO NOT use releved. 17. RATHER'S MARE (First, Middle, Last) CHARLES RUSSELL COYLE 18. INFORMANT'S NAME (Fipal-Print) 19. MAILING ADDRESS (Street and Number or Paral Poute Number, City or Town, Steele 19. MAILING ADDRESS (Street and Number or Paral Poute Number, City or Town, Steele 19. LOCATION — City or Town, Steele 19. MAILING ADDRESS (Street and Number or Paral Poute Number, City or Town, Steele 19. LOCATION — City or
10e. STATE 10e. CITY, TOWN OR LOCATION 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET AND NUMBER 10e. STREET 10e. CITY, TOWN OR LOCATION 10e. STREET AND NUMBER 10e. CITY, TOWN OR LOCATION 10e. STREET AND NUMBER 10e. CITY COMMITTY? 10e.
MARYLAND BALTIMORE 106. STREET AND NUMBER 582 47TH STREET 11. MARTAL STATUS 11. MAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No—Inspection of White Country?) 11. MARTAL STATUS 11. MAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No—Inspection of White Country?) 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No—Inspection of White Country?) 13. MAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No—Inspection of Hispanic Original (Specify Yee or No—Inspection of Hispanic Original (Specify Original Medicine, Martin) 14. No. Specify Original Medicine, Hispanic Original (Specify Yee or No—Inspection) 15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16. DECEDENT USUAL OCCUPATION 16. DECEDENT USUAL OCCUPATION 16. DECEDENT USUAL OCCUPATION 16. DECEDENT USUAL OCCUPATION 16. DECEDENT USUAL OCCUPATION 16. DECEDENT USUAL OCCUPATION 16. DECEDENT USUAL OCCUPATION 16. DECEDENT USUAL OCCUPATION 16. DECEDENT USUAL OCCUPATION 16
10. STREET AND NUMBER 10. ZIP CODE 10. CITIZEN OF WHAT COUNTRY? 582 47TH STREET 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 S. DECEDENT'S EDUCATION (Specify) only highest grade completed) 1 YES 2 NO Specify: 15. DECEDENT'S EDUCATION (Specify) only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (In the property) of the property
13. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBET OF HISPANC ORIGIN? (Specify Yee or No- I' YES 2 CMO 14. RACE - American Indian, Black, White, stc. Specify: WHITE 13. WAS DECEMBENT OF HISPANC ORIGIN? (Specify Yee or No- I' YES 2 CMO 14. RACE - American Indian, Black, White, stc. Specify: WHITE 15. DECEMBERS EDUCATION 16b. KIND OF BUSINESS/INDUSTRY WHITE 15. DECEMBERS FUNCTION 16b. KIND OF BUSINESS/INDUSTRY WHITE 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY WHITE 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. K
11. MARITAL STATUS 1
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Sequentielly life conditions Sequentielly life conditions
Clark kind of work done during most of working College (1-4 or 5 +) MAINTENANCE PORT EAST TRANSFER
Sequentielty liet conditions, Sequentielty liet conditions,
18. MOTHER'S NAME (First, Middle, Last) CHARLES RUSSELL COVIE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) KAY COVIE 20e. METHOD DP DISPOSITION X Burtla 2 Cremetion 3 Removal from State 4 Donestion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetary, cremetary or other place) HOLLY HILL MEMORIAL 4-14-1990 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SURGE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA—RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK, MD 21.22 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset end Death of Dundal Conset and Dundal Conset and Dundal Conset and Dundal Conset and Dundal Conset and Dundal Conset and Dundal Conset and Dundal Conset and Dundal
CHARLES RUSSELL COYLE 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) KAY COYLE 20c. METHOD OF DISPOSITION (Varied to Competency, cremetiony or Albertal Route Number, City or Town, State, Zip Code) KAY COYLE 20c. METHOD OF DISPOSITION (Name of cemetery, cremetiony or Other (Specify) (Name of cemetery, cremetiony or Other (Name of cemetery, cremetiony or Other (Name of cemetery, cremetiony or Other (Name of cemetery, cremetiony or Other (Name of cemetery, cremetiony or Other (Name of cemetery, cremetiony or Other (Name of cemetery, cremetiony or Other (Name of cemetery, cremetiony or Other (Name of cemetery, cremetiony or Other (Name of cemetery, cremetiony or Other (Name of cemetery, cremetiony or Other (Name of
19b. MAILING ADDRESS (Street and Number or Fural Floute Number, City or Town, State, Zip Code) KAY COYLE 20c. METHOD OF DISPOSITION X Burial 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA—RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK, MD 21222 23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Dead Consequence of): Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): 19b. MAILING ADDRESS (Street and Number or Fural Floute Number, City or Town, State, Zip Code) 21224 220c. LOCATION — City or Town, State 220c. LOCATION — City or Town,
Sequentially liet conditions, Sequentially liet conditions, Sequentially liet liet conditions, Sequentially liet liet liet liet liet liet liet liet
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) A Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA—RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK, MD 21222 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death of Dundal Conset and Death Due to (or as a consequence of): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):
A Donestion 5 Other (Specify) HOLLY HILL MEMORIAL 4-14-1990 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK, MD 21222 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death Due to (or as a consequence of): Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF):
22. NAME AND ADDRESS OF FACILITY DUDA—RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK, MD 21222 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
DUDA—RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK MD 21222 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, interval Between Onset and Dead disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
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IMMEDIATE CAUSE (Finel disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):
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Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
If any, leading to immediate
cause. Enter UNDERLYING
CAUSE (Disease or Injury that Initiated events Due to (OR AS A CONSEQUENCE OF):
resulting in death) LAST
· .
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDING AWAILABLE PRIOR TO
1 YES 2 NO COMPLETION DF CAUSE DF DEATH?
1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
1 YES 2 NO Inpetient 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED
1 Natural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation Investigation
Month, Dey, Year) INJURY WORK? 1 YES 2 NO
Natural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 5 Pending Investigation M Natural 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Flurel Route Number, City or Town, State)
1
1 Natural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. CERTIFIER 1 PETITY INC. PHYSICIAN: To the heat of my knowledge death occurred at the time date and the followers as stated.
1
1
Natural 2 Accident 3 Sulcide 4 Homicide 5 Pending Investigation 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29f. LOCATION (Street and Number or Rural Route Number, City or Yown, Street) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAR		CERTIFIC	JAIL	F DEATH	REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last) JEAN AGNE	S CROCK	ETT			2. DATE OF DEATH	AY Y	EAR 9 5 PM	
7	111 11 1700	5. SEX 6. AGE (I		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	23 1	BIRTHPLACE (State of Foreign Country)	
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOY	N OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
NO.	FALLSTUN GE	N HOSPIT	AL	FALL	STON		HA	RAPP	
DINE	Md Her	ford	1	TOWN OR LO	1			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ENAL	100. STREET AND NUMBER 3107 Sounds	eg Llu			101. ZIP CODE 2/04	W.	10g. CITIZEN	of what country?	
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes	DECENDENT OF HISPA , specify Cuban, Mexic YES 2 NO Speci		s or No 14	. RACE — American Indian, Black, White, etc. — Specify:	
0	3 Widowed 4 Divorced			1				MINIS	
	15. DECEDENT'S EDUCA (Specify only highest grade of	(TION ompleted)	16a. DECEDENT'S U	rk done during	ATION most of working	16b. KIND OF BU	SINESS/INDUS	TRY	
	Elementary/Septondary (9-12)	College (1-4 or 6+)	life. Do NOT use	omes	naker	7	HON C		
5	17. FATHER'S NAME (First, Middle, Last)	SIMOSO	ne de la companya de		18. MOTHER'S N	AME (First, Middle, Meider	Surnage) [56	
מב	19a. INFORMANT'S NAME (Type/Print)	1		DORESS (Str	eet and Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ode) A 44 4 100	
-	DRUNCLA TOMA 200. METHOD OF DISPOSITION		310	750	COMONES, COMONES OF	DRIVE &	45200	y or Town, State	
	1 Burial 2 Cremation 3 Remov	rei from State	other proces	LRA	N (Exe	tery 2	Sie Ho	Macylans	
	21. SIGNATURE OF PUNERAL SERVICE LICE	NSEE AAA	m V	Jo	Saph N.	Zannino ling St.	Jr. Fi	uneral Home	
	23. PART I. Enter the diseases, or co	mplications that caused	the deeth. Do no	t enter the	mode of dving, su	ch es cardiec pr reed	iratory erree	t, Approximate	
	shock, or heert fellure. U	st only one ceuse on e	ach ilna.		,,,,,			interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition	(Marie A	1. Jane	trul	Plane	my Deals	in	. Onset stid Death	
	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF	iem (10mm	y reciti			
5	Sequentially list conditions, b.								
N N	If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF)	Æ OF):					
	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF)	:					
2	resulting in deeth) LAST								
5	PART ii. Other eignificant conditions	contributing to deeth b	est mot requision in	the readon	hilan anna alina t	Part I. 24s, WAS AI			
4	0 11		ot not resulting in	the unger	lying cause given ii		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
5	Enothing	/				1 TYES	2 NO	OF DEATH?	
Σ	- Conductor	inch						1 TYES 2 NHO	
H SICIAN:	45 440 0405 05555								
3		HOSPITAL:		OTHER:	8. PLACE OF DEATH (C	neck only one)			
2	1) YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 / NOutp	atient 3 DOA 28b. TIME		Home 5 Residence		MI HIMY COC:	250	
10	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJU	RY	WORK?	26d. DESCRIBE HOW	INJURY OCCU	HED	
2	3 Suicide 8 Could not be 4 Homicida determined	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, factory,	office	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,	
MPLE	29a. CERTIFIER (Check only	IAN: To the best of my know	ledge, death occurred	at the time,	data and place, and du	e to the cause(a) and ma	nner as stated.		
		On the basis of examination	n and/or investigation	, in my opinio	on, death occured at th	e time, date and place, a	nd due to the d	cause(s) and manner as stated.	
2	296. SIGNATURE AND TITLE OF CERTIFIER	M Lesp Med	Efinent	1	29c. LICENSE NO		29d. DATE S	SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO			Print)	913 The	she Cher	LKO	1. 21034	
		LOLFER M	A Real Property and the Control of t		0	alinga	2/Ma	21034	
	APR 1 7 1990	Jana Dangdon	Julians						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
			· · · · · · · · · · · · · · · · · · ·

	1 - STATE REGISTRAR	CE	ERTIF	CATE OF		MENIAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF OEATH	DAY	YEAR	3. TIME OF DE	
	Patricia M. Chil	drey				4 8		90°	6:00	Рм
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les		MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH _(Mgnth, Day, Year)		8. BIRTH	IPLACE (State or	Foreign
	218-30-5391		YRS.	MONTHS DAYS	HOURS MIN.	7/4/34			nnsylv	rania
	9a. FACILITY NAME (If not institution, give street and nur			9b. CITY, TOWN	OR LOCATION OF DE	НТА		INTY OF D		
OH	2622 Camberwell R	oad					Bal	time	ore_	
S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	:	10c. CIT	, TOWN OR LOCA	TION				10d. INSIDE C	ITY
DIRECTOR	MD Baltimo	re							LIMITS?	(TYNO
	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CIT	IZEN OF V	WHAT COUNTRY	7
FUNERAL	2622 Camberwell R	oad			21207			USA		
S	FORCE	DECEDENT EVER IN U.S. AR	MED			IC ORIGIN? (Specify Y	sa or No—	14. RACE	E — American in k, Whita, etc.	ndian,
ВУ Е		ES? 1 ☐ YES 🗶 [X] I S, GIVE WAR OR DATES	40		Bacity Cuban, Maxical Bacity Cuban, Specify	n, Puarto Rican, atc.)		Spec	Hy:	
									hite	
巴	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	(G	ive kind of v	USUAL OCCUPATI vork done during m e retired.)	ost of working	16b. KIND OF B	USINESS/IN	DUSTRY		
7	Elamentary/Secondary (0-12) College ((1-4 07 5 +)	leri			fede	ral	POV	ernmer	nt. I
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide		8.		
	Joseph L. Childrey			Eleanor Janton						
BE	19a. INFORMANT'S NAME (Type/Print)	_	b. MAILING	ADDRESS (Street	and Number or Rural F	Route Number, City or R	wn, Stete, Zi	ip Code)		
2	Nancy L. Rybak		2014 North Rolling Road/Balto. N						MD 212	228
	20a. METHOD OF OISPOSITION 1 □ Burlal X X Cremation 3 □ Removal from 5	Canto Other of	lace!		metery, crematory or		OCATION -			
	4 Donation 5 Other (Specify)	Green	nmou	nt Cre			ltim	ore	, MD	
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	1/0/	1		ND ADDRESS OF FA			1 77 -	D	,
	- Koland P. XII	acho VA	J	736	Ting As	hton Fu	nera.	L HO	me, P.	A 28
	23. PART I. Entar tha disease, or complicati								Approx	Imate
	shock, or haart failure. Liat only									Batwean and Death
	disease or condition resulting in death)	Oropharynged								rs
		DUE TO (OR AS A CONSE	OUENCE O	F):						
Z	Sequentially list conditions, b.	DUE TO (OR AS A CONSE								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING					ł	1			
2	CAUSE (Disease or injury C.	DUE TO (OR AS A CONSE	OUENCE O	FI:						
Ē	thet initieted events resulting in death) LAST	(0.1.10		<i>r</i>					ļ	
E	d									
AL	PART II. Other algnificant conditions contribu	uting to desth but not	not resulting in the underlying cause given in			Part I. 24s. WAS AN AUTOPSY PERFORMED?		24t	AVAILABLE PRI	OR TO
20						1 TYES 2 NO			COMPLETION OF CAUSE DF DEATH?	
ME						-			1 TYES 2	□ NO
AN	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Ch					
PHYSICIAN: MEDICAL	EXAMINER? Y HOSPI			OTHER:						
HYS		tient 2 ER/Outpatient :	28b, TIN		ma 5 X Residence	28d, DESCRIBE HOV	/ INJURY O	CCURED		
	1 Natural 5 Pending	(Month, Day, Year)	IN	URY W	ORK? YES 2 NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be	PLACE OF INJURY - At he	ome, ferm,	street, factory, offi	Ca	281. LOCATION (Street		er or Rural	Route Number,	
COMPLETED	4 Homicide determined	building, atc. (Specify)				City or Town, Sta	te)			
Ë	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the	he best of my knowledge, d	eath occurr	ed at the time, dat	e and place, and due	to the cause(a) and m	anner aa st	sted.		
ME	(Check only one) 2 MEDICAL EXAMINER: On the I								a) and manner a	na stated.
	29b. SIGNATURE AND PHIDE OF CERTIFIER				29c. LICENSE NUI	WBER	29d. DA	TE SIGNED) (Month, Day, Ye	er)
BE	Killing	-121	>,		D3344	I.R	•		09-90	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLE									
	Kenneth H. Williams, I	M.D., P.A.,	, 516	N. Roll	ing Road .	Baltimore	MD 2	1228		
	Kenneth H. Williams, I	M.D., P.A., REGISTRAR'S SIGNATURE in Variety on Pane	, 516	N. Roll	ing Road,	Baltimore	MD 2	1228		

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he hos	detach	once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director.	be lifed within 12 mous also death with the Sake dept. Or regulation medical community of contractions of the moust be notified at once.
retain	5 sho	notifi
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	FOR 1 - STATE REGISTRAR	STATE OF N			TMENT OF			MENTAL HYGIEN REG. NO				
	1, DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH	
	HENRIETTA	L.		CR.	AIG			April	12,	1990	м	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Countr	HPLACE (State or Foreign	
	220-34-7043	1 M 2 X F	92	YRS.				Sept. 18,	1897	1	ryland	
_	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN	OR LOCATIO	ON OF DE	9c. COI	UNTY OF D	EATH		
5	Bon Secours Care	<u>Facitlity</u>	/		Ellic	cott (City		Ho	ward		
E C	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LOC	ATION	-				10d. INSIDE CITY	
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AL	10e. STREET AND NUMBER	***				of. ZIP CODE			10g. CI	TIZEN OF Y	WHAT COUNTRY?	
FUNERAL DIRECTOR	3814 Forester Ave	•				212	206			U.S.A	Α.	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR					IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	e or No-	No— 14. RACE — American Indien, Black, White, atc.		
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W				S 2 X NO					** White	
	15, DECEDENT'S EDU	CATION	18e DE	CEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BU	SINESS/IN	VOUSTRY		
	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5 d	(G	ive kind of Do NOT u	work done during a	nost of working	ng				1	
P	8 th	conege (1-4 of 5		ouse	wife							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden						n Sumeme)		
BE C	Richard	var	n Hagen	Emilie Haase								
10 E	19e. INFORMANT'S NAME (Type/Print)		19	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4040 St. Johns Lane Ellicott City, Md. 2104								
mis. diadys v. dardner 4040												
20e. METHOD OF DISPOSITION 1 XI Buriel 2 Cremetion 3 Removal from State 4 Connection 5 Other (Specify) Parkwood 4/14/90 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Parkwood 4/14/90 Baltimore												
	Ond L	/ Paul L	nartsoc	K,Ur.	22. 17.000	AND ADDRE	33 OI IA	Balt	1mor	e,Md.	. 21214	
	tank a. p	autoca	R. KZ		Leor	nard .	J. Ri	ick. Inc.	530	5 Har	rford Rd.	
	23. PART i. Enter the diseases, or a shock, or heert fellure.	complications the List only one cer	t ceused the deuse on each line	ath. Do	not enter the m	ode of dy	ing, eucl	h aa cardiac or resp	iratory a	rreat,	Approximata interval Between	
	IMMEDIATE CAUSE (Final disease or condition	1.T +	r. 0.		1						Onset end Death	
	resulting in deeth)	a. Mela SID	(OR AS A CONSE	UL A	nd lun	o Car	wr	•			6 mon	
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ERTIFICATION	disease or condition and live and live Cancer DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								1700			
CAT	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury	с									0	
F	thet initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE C	PF):							
	resulting in death) EXST	d				_						
L C	PART II. Other algnificent condition	a contributing to	death but not	reaulting	in the underly	ng ceuse	given in		N AUTOPS	Y 24b	b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	M	ore						1 _ YES	10		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
MEC											1 - YES 21-110	
ä												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF D	EATH (Ch	eck only one)				
YSI	1 TES 2 TIMO	1 Inpatient 2	ER/Outpatient 3	DOA	4 Nursing Ho		eeldence	8 - Other (Specify)				
PH	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, E		28b. Til	JURY V	NJURY AT VORK?	_	28d. DEŞCRIBE HOW	INJURY O	CCURED		
B	2 Accident Investigation	20. 01 405 (OF INJURY — At he	1		YES 2 [_ NO	201 00171011 (0)			2	
ED	3 Suicide a Could not be 4 Homicide determined	building.	etc. (Specify)	ome, rem,	street, ractory, or	iice		28f. LOCATION (Street City or Town, State	ena Numo)	ier or Hurai i	Houte Number,	
LEI	290. CERTIFIER 1 CERTIFYING PHYS	CIAN. To the best o								-0.000		
COMPLETED	(Check only							to the cause(e) end me time, date end place, a			(e) end menner ee stated.	
_	29M. SIGNATURE AND TITLE OF CERTIFIE				, , , , , , , , , , , , , , , , , , , ,	_	ENSE NUI				D (Month, Day, Year)	
8		or mD						-5136		1-12		
5	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH (ITE	EM 27) (Typ	e, Print)	1 - 0-4	MAL	FU1710		100	10	

3876 Old Columbia Pike

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mole, M.B. 4713 Leeds Ave

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OTHE HOSPITAL UH AI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag he within 72 hours after death with the State Deut, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 04-14-903. TIME OF DEATH 2: 290 1. DECEDENT'S NAME (First, Middle, Last 12:290 (ELLA MAE CHERRY) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNGER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH (Month, Day, Yea 8 BIRTHPLACE (State or Foreign DAYS HOURS North Carolina CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PAUMORE ron DIRECTOR none RESIDENCE OF DECEDENT 10d. INSIDE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE BAUTIMORE mo none Citv TX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15A 2176 Cliftwood 212 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, epecify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: ВҰ 3 Wildowed 4 Divorced Negroid COMPLETED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEOENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondery (0-12) College (1-4 or 5 +) laborer 5th grade Hospital none 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle, Maiden Sumame) Charles Streeter Julia Harris 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Veronica Lewis Belnord Ave. Baltimore. Md. 20c. LOCATION — City or Town, State METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 1 Buriet 2 Cremation 3 Removal from State Baltimore Cemetery Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY
Calvin B. Scruggs Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE E. Preston Street Balto. Md 13 Approximata 23. PART I. Enter the diseases, or complications that object the desth. Do not enter the mode of dying, such as cardiac or respiretory errest, ahock, or heart failure. List only one cause on each line. intarval Batween Onset and Daath IMMEDIATE CAUSE (Final 480 diseasa or condition reaulting in death) DUE TO /g CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO JON AS A CONSEQUE NCE OF: that initiated events. resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? COMPLETION DF CAUSE 1 TYES 2 PNO DE DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO nt 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 8 Could not be 4 Homicide datermined COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner ee stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

LICENSE NUMBER

0259

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
1. DECEDENT'S NAME (First, Middle, Last)	BARB	ARA	E. COHE	N	2. DATE OF DEATH DAY	1 1990	3. TIME OPSOPANTH M
4. SOCIAL SECURITY NUMBER 218-38-2730		In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 2, 194	Cou	THPLACE (State or Foreign intry) MARYLAND
9a. FACILITY NAME (If not institution, give si 14 HONEY BROOK				HERSBURG		9c. COUNTY OF	DEATH NTGOMERY
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	L too CITY	TOWN OR LOCA	PION .			10d. INSIDE CITY
MARYLAND M	ONTGOMERY		AITHERS	BURG			LIMITS? 1X YES 2 NO
100. STREET AND NUMBER 14 HONEY BROOK C	IRCLE		10	i. ZIP CODE	878		F WHAT COUNTRY? SA
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 Z NO	If yes, sp		IIC ORIGIN? (Specify Yee n, Puerto Ricen, atc.)	Bio	CE — American Indien, ack, White, atc. ecity: WHITE
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S L	SUAL OCCUPATI	ON	18b. KIND OF BUS	INESS/INDUSTRY	
Elamentary/Secondery (0-12)	College (1-4 or 5+)		ork done during me retired.) "H AID	ist or working	MONT. CO	o. SCHO	OL SYSTEM
17. FATHER'S NAME (First, Middle, Leat) BERNARD CAPLAN 18. MOTHER'S NAME (First, Middle, Meiden Surname) DOROTHY NAIDITCH							
19a. INFORMANT'S NAME (Type/Print) MR. JERRY S. COH	EN		ADDRESS (Street NEY BROX		Route Number, City or Town GAITHERSBU		20878
20g. METHOD OF DISPOSITION 1 (XBurlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) BALTTMORE HEBREW 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) REISTERSTOWN, MD							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BROS. , INC.							
Deel 1	Teins	,	6010	REISTER	STOWN RD.	BALTO.,	MD 21215
23. PART I Enter the diseasea, or canonic processes, or canonic pr	e. CARCI	ach line.	001		h as cerdlec or reepli	ratory erreat,	Approximate interval Between Onset and Death
Sequentieily list conditions, if eny, leeding to immediate	b	CONSEQUENCE OF					
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
PART ii. Other algolificant condition	a contributing to deeth a	or not resulting if	n the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFORE 1 YES 2	MED?	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch			
1 VES 2 NO	1 Inpatient 2 ER/Out		4 - Nursing Hor		8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1	JURY AT DRK? YE\$ 2 NO	28d. DESCRIBE HOW IF	NJURY OCCURED	
3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, si cify)	treet, factory, offi		28f. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
(Oribox orny	CIAN: To the best of my know R: On the basis of exemination						ee(e) and menner ea stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	leman on	D		29c. LICENSE NUI	MBER	29d. DATE SIGN	12/90
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)				1
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					
ILAPR 17 1991 90	in benteen - Alare						

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,0,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical is
DIVISION OF VITAL RECORDS, F.O. BOA 13149,	xecute	and co	atte
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 3. TIME OF DEATH 2 DATE OF DEATH VEAR ohn 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F 375-09-8759 YRS. Mar.14,1896 Poland 9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Jenkins Memorial Home Balto City Md RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Balto.City, Md. Md TYES 2 NO 10e. STREET AND NUMBER FUNERAL 101 ZIR CODE 10g. CITIZEN OF WHAT COUNTRY? USA 409 Grindall St 21230 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES TO NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cubsn, Mexican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, atc. 11 MADITAL STATUS 1 Never Married 2 Merried 1 YES 2 NO Specify: Specify: BY 3- Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondery (0-12) College (1-4 or 5+) 2th.Grade Machinist Midland Steel ====== 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Chmielak Katherine BE Potoczak 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr.Jerome Chmielak 409 E.Grindall St.Balto.Md.21230 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stand 1 to. Catonsville, Md.Co. Metro Crematory, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 McCully Funeral Home, 130 E. Fort Ave mu 23. PART I. Enter the diseases, or complications that sauced the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, abook, or heart failure. List only one ceese on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition Condis pulmona resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, QUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VA. 1 ☐ YES 2 ☐ NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY 1 Netural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

(Chank and)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of exa mination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIED 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) BE D 3495 9 PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) DR. EDMUND ACZILK

Sinta Dandson-Ands

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	O	F DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIE REG. N					
į	1, DECEDENT'S NAME (First, Middle, Last)	OT TITE	000V			2. DATE OF DEATH MONTH		ĘAR 3.	TIME OF DEATH		
	MINNTE 4. SOCIAL SECURITY NUMBER	OLIVE 5. SEX 6. AGE (COOK	F UNDER 1 YEAR	IF UNDER 24 HRS.	APRIL	5 1990	DIOTHOL A	1 300 L M		
	232-70-0888	1 - M 2 X F	, ,,	ONTHS DAYS	MOLERS MIN	(Month, pay, Year) Sept. 29 18		Country)	rginia		
	9a, FACILITY NAME (If not institution, give s			b. CETY, TOWN O	R LOCATION OF DE		9c. COUNTY				
FUNERAL DIRECTOR	Anne Arundel Medi	cal Center		Annapol	is		Anne	Arun	del		
<u>E</u>	10s. STATE 10b. COUNTY	Y	10c. CITY, 1	TOWN OR LOCAT	ION			100	I. INSIDE CITY LIMITS?		
8	Maryland Anne	Arundel	Mi	llersvi	11e			1[YES 2 X NO		
A	10e. STREET AND NUMBER		- 70		ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?		
E	310 OBrecht Road			2	1108		USA				
3	11, MARITAL STATUS	12. WAS DECEDENT EVER IF				IIC ORIGIN? (Specify n, Puerto Rican, etc.)					
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify						
	71					I to the same and	I		White		
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of wor	k done during mod etired.)	IN st of worlding	166. KIND OF I	BUSINESS/INDUS	IHY			
الة	Elementary/Secondary (0-12) 3 rd	College (1-4 or 5+) None	Homemak			Own I	Iomo				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	None	пошешак	er	10 MOTHED'S NA	ME (First, Middle, Maid					
5	Nathan	T _a T	olf		Sara			layde	n e		
BE	19a. INFORMANT'S NAME (Type/Print)			DORESS (Street a		Route Number, City or		_	:11		
2	Mrs. William L. M	lerrill Sr.	Same				,,,				
	20e. METHOD OF DISPOSITION	201	PLACE OF DISPOSIT		netery, crematory or	20c.	LOCATION — City	or Town,	State		
	1 XBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	Woodlawn			Fa	irmont.	West	Virginia		
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	ID ADDRESS OF FA	CILITY	,		- A		
	· Dotter	/				ERAL HOME			01061		
	23. PART I. Enter the diseesea, or	complications that cause	d the death. Do not			S.W., GLE			21061 Approximate		
	ahock, or heart fallure. List only one cause on each line.										
	disease or condition										
	resulting in death) a										
_											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate										
CAT	cause. Enter UNDERLYING										
E	that initiated events	OUE TO (OF AS	CONSEQUENCE OF):								
E	resulting in death) LAST	d									
C	PART II. Other algnificent condition	na contributing to death t	out not resulting in	the underlying	g cause given in		AN AUTOPSY		RE AUTOPSY FINDINGS		
CAL							FORMEO?	CO	AILABLE PRIOR TO MPLETION DF CAUSE		
						_ ' ' ' '			DEATH?		
. N								,	3 196 2 3 115		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		1			
SIC	EXAMINER? 1 YES 2 YNO	HOSPITAL: 1 Tripatient 2 ER/Out		OTHER:	e 5 🗆 Residence	8 Other (Specify)					
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	286. TIME	OF 28c. INJ	URY AT	28d. OESCRIBE HO	W INJURY OCCUI	RED			
ВУ Р	1 Natural 5 Pending	(MOITH, Day, Hour)	INSO	111	YES 2 NO						
	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, str	eet, factory, offic	•	28f. LOCATION (Stre City or Town, St	et and Number or	Rural Flout	Number,		
巴	4 Homicide determined		,			ony or rown, or					
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	viedge, death occurred	at the time, date	and place, and due	to the cause(s) and	menner as stated.				
8	2001	ER: On the basis of examination	on and/or investigation,	in my opinion, d	leath occured at the	time, data and place	, end dua to the o	ause(s) an	d manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE	ir ^	29c, LICENSE NUI	MBER	29d. DATE S	IGNEO (M	onth, Day, Year)				
BE C	Us Sumera V	2 rol done s	S. WATKI	NS MD			1411	5190			
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	Print)				-			
	Alone. After the	evapolu, MD	21401								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE "								

DHMH-18 Rev 1/89

res dry

1	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG	i. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
	RUTH		LDS	APRIL		990 2:15 P M					
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRT	гы	8. BIRTHPLACE (State or Foreign			
	214 - 54 - 9181	1 🗌 M 2 💢 F	77 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 16					
_	9e. FACILITY NAME (If not institution, give st				OR LOCATION OF DE	ATH		JNTY OF DEATH			
DIRECTOR	North Arundel Hos	pital		Glen I	Burnie,		Ann	ne Arundel			
E I	10e. STATE 10b. COUNTY		10c. CITY	r, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
10	Maryland Anne	Arundel	Glei	n Burnie	,			1 TYES 2 X NO			
	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CIT	FIZEN OF WHAT COUNTRY?			
FUNERAL	1415 Rowe Drive				21061		U.S				
5	11, MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARMED		CENDENT OF HISPAN ecify Cuben, Mexicer			14. RACE — American Indien, Black, White, etc.			
A	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR O	OR DATES TE		2 NO Specify		•	Specify: White			
8	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S			16b. KIND (OF BUSINESS/IN	DUSTRY			
ᇤ	Elementary/Secondery (0-12)	College (1-4 or 5 +)	life. Do NOT us	vork done during m e retired.)	ist of working						
COMPLETED	6th.	NONE	Homema	aker			Own Hom	ie			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, A	Asiden Surname)				
H	William	The	omas		Sarah		Jane	Dixon			
2	19e. INFORMANT'S NAME (Type/Print)	211- T.			and Number or Rural F						
	Mr. Charles E. Ch	ilas, Jr.			ve, Glen						
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remi	oval from State	20b. PLACE OF DISPOS other piace) Loudon Pa			2		- City or Town, State nore, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Loudon 1		ND ADDRESS OF FAC	CILITY	Daiti	ore, naryrand			
	1 98 Hon	9/16	400	Sing	eton Fun	eral Ho					
	23. PART i. Enter the diseases or o	complications that ca	used the death. Do n					rnie, Md. 21061			
	ahock, or haart failure.			ot enter the m	A *	ii as cardiac or	reapiretory a	Interval Batween Onset and Death			
	iMMEDIATE CAUSE (Final disease or condition	D.	25.001		1 . 0			Onset and Death			
	resulting in deeth)	a. DUE TO (OR	AS A CONSEQUENCE OF	D: 4	facca	~		3 dell			
_											
CERTIFICATION	Sequentially list conditions, if any, lesding to immediate	DUE TO TOR	AS A CONSEQUENCE OF	NSEQUENCE OF):							
S	cause. Entar UNDERLYING	_s	Upho	CII	- Oleo	du	V	1/			
Ĕ	CAUSE (Diseesa or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF	F):		1 1					
	resulting in deeth) LAST	d	nes Ju	ve V	eart	Harl	ung	u)			
	PART ii. Other significent condition	a contributing to day	th but not regulting	in the underivi	a ceuse given in	Part i. 24s. V	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
DICAL	000/	11110	7	in the discorry	g codes given in	P	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	- XIX	you a				_ 1 🗆 '	YES 2 NO	OF DEATH?			
ME						-		1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26 [LACE OF DEATH (Ch	eck anty one)					
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpetient 3 □ DOA	OTHER:			16 cl				
Ϋ́	27. MANNER OF DEATH	28e. DATE OF INJI	JRY 28b. TIM	E OF 28c. IN	JURY AT	28d. DESCRIBE		CCURED			
Y P	1 Natural 5 Pending	(Month, Day, Y	bar) INJ		YES 2 NO						
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — Al home, farm,	streel, factory, offi	De .			er or Rural Route Number,			
	4 Homicide determined	building, atc.	(Specify)			City or Town	, State)				
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death occum	ed at the Jime, dar	and place, and due	to the couse(e) e	nd menner ee st	inted.			
COMPLETED	ana)	R: On the besia of exami	nation end/or investigation	on, in my opinion,	death occured at the	time, date end pl	ace, end due to	the ceuse(e) end menner ee stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R	,		29c. LICENSE NUM		29d, DA	ATE SIGNED (Month, Day, Year)			
10	KVKG	aym	w		D263	307	•	4/12/90			
	30. NAME AND ADDRESS OF PERSON WH							100000 16 100000			
		NEWI, M.C		SPITAL	DR BLD	G B GL	EN BUF	RNIE, MD 21061			
	31. DATE FILED (Month, Day, Year) APR 17 1990	32, BEGISTRAR'S	ACAPTAGE								
	WINTE 1990 A										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the investigation of the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-trip be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rav 1/89

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	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at onc
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5	hoc	<u>=</u>
9	2	=
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	FOR 1 STATE		STATE OF N	MARYLAND /						MENT/	AL HYGIEN	E		, 0000
_	REGISTRAR			C	ERTIF	ICATE	OF	DEA	ГН		REG. NO.			
	1. DECEDENT'S NAME (FIRST, I	Middle, Last)	LEE		CROM	IER				2. DAT MON APR	E OF DEATH TH TL	"4 ₁₉	YEAR 90	3. TIME OF DEATH 6:45 PM
	4, SOCIAL SECURITY NUMBER	A	5. SEX	8. AGE (In yrs. Is:	st birthday)					E OF BIRTH oth, Day, Year)		8. BIRT Coun	HPLACE (State or Foreign try)	
	236-28-1122		1 X M 2 - F	YRS.	WONTHS	DATS	HOURS		MAR		23	West	Virginia	
	9a. FACILITY NAME (If not ins	titution, give at	reet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF	DEATH
FUNERAL DIRECTOR	North Arunde		pital			Gle	n Bu	rnie				An	ne A	Arundel
2	RESIDENCE OF DECI	10b. COUNTY	,		10c. CI1	Y. TOWN C	OR LOCAT	ION						10d. INSIDE CITY
E	Maruland	A===	A 2011 of a 1											LIMITS? 1 YES 2 X NO
7	Maryland	Аппе	Arundel		61	en B		. ZIP COD	E			10a. CIT	ZEN OF	WHAT COUNTRY?
RA	1012 Lang1	ou Do												
Z	1012 Lalig1	IT_EVER IN U.S. AI	RMED	13.	WAS DEC	210		HC ORIG	IN? (Specify Yes	US		CE — American Indian,		
To Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, a 1 YES 2 NO No Specify:								ck, White, atc.						
В	3 Widowed 4 Olvon	ced	11 723, 0172	W.W.II			1 🗆 163	*X 110	орвану	,.			Spe	White
	15. DECE (Specify only	DENT'S EDUC		16a. Di	ECEDENT'S Sive kind of a. Do NOT u	USUAL O	CCUPATIO	ON st of worki	na	16	b. KIND OF BU	SINESS/INI	DUSTRY	
91	Elementary/Secondary (0-		College (1-4 or 5	+)	. Do NOT u	se retired.)			-	1				
MP	12th		None	I	nspe	ctor				\perp	Gener		tor	S
COMPLETED	17. FATHER'S NAME (First, Mic	idle, Last)						16. MOT	HER'S NA	ME (First	, Middle, Maiden	Sumame)		
BE	George			Cromer					arah				Co11	ins
5				15				nd Numbe	r or Hurai I	Houte Nu	mber, City or Tow	n, State, Zij	Code)	
	Marguerite		omer	20b. PLACE		e as		nation, am	metany or		200.10	CATION	City or 1	Town, State
	1 Donation 5 Other	3 Rem	ovel from State	other p	lace)				,					
	21, SIGNATURE OF FUNERAL		ENSEE	Gren	Hav				SS OF FA		TGTE	II bu.	ште	Maryland
	Wes	anl)	1001	1220	~/	S					HOME			
_	J-tain	ear p	20	moore		1					, GLEN			
	23. PART I. Enter the dis ahook, or he		List only one cer			not entai	the mo	ae or ay	ing, euc	n ee ca	iralec or reep	iratory er	reet,	Approximete Interval Between
	iMMEDIATE CAUSE (Find disease or condition	ei N	Deal					de	24	611	2			Onset and Death
	disease or condition resulting in death) a. Due To for As A Consequence of:													
_	VIVORITY - NEW DECK													
CERTIFICATION	Sequentially list condition if eny, leading to immed		DUE TO	(OR AS A CONSE	OUENCE	F):	7.0	4			0			
S	ceuse. Enter UNDERLYIF CAUSE (Diseese or injur		с			(
H	that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSE	OUENCE	NF):								
띮			d											
-	PART II. Other eignificer	nt condition	s contributing to	deeth but not	recuiting	In the u	nderiyin	g cause	given in	Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS
2											1 YES	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ā														1 TES 2 NO
ä														
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF I	DEATH (Ch	eck only	one)			
YSIC	1 - YES 2 - NO		1 Inputient 2	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		• 5 □ R	esidence	6 🗆 Ot	her (Specify)			
PH	27. MANNER OF DEATH		28a. DATE Of (Month, i	F INJURY Day, Year)	28b. Til	JURY	WC	URY AT ORK?		28d. D	ESCRIBE HOW	INJURY O	CURED	
B		Pending nveetigation				M		YES 2 [NO					
		Could not be letermined	28e. PLACE (OF INJURY — At h , atc. (Specify)	ome, farm,	street, fac	tory, offic	•		281. LC	CATION (Street ty or Town, State	end Numbe)	r or Rura	I Route Number,
Ē	200 CERTIFIER													
COMPLETED	(Check only		CIAN: To the best o	-										(e) end menner ee stated.
00				- Aminimation and or	mirealigat	on, at my	ориноп, с				ne end prece, er			
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	111	ra	~	_		29c. LIC	DO C	MBER 3	4	29d. DA	TE BIGNE	D (Month, Day, Year)
10	ALVAREZ,	SERG		1720			WY.	S.	GLE	EN E	BURNIE	, MI). :	21061
	31. DATE FILEO (Month, Day,	(bar)	32. REGISTR	AR'S SIGNATURE										
	ADD 17 190	in 4	lia Devidon	-Handell	No.									

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ending physician. as the burial-transit
IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifled at once.	

												1000.	
	FOR STATE REGISTRAR	S	TATE OF MA					EALTH AND I	MENTAL HYGII				
i	1. DECEDENT'S NAME (First, Mide	dle, Lest)			1/2				2. DATE OF DEATH	DAY	YEAR 3.	. TIME OF DEATH	
4	Helen		Joyce			Co	bai			2 19		8:30 P. M	
	4. SOCIAL SECURITY NUMBER	5. 5	SEX (i. AGE (In yrs.	lest birthday)			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		8. BIRTHPL Country)	ACE (State or Foreign	
	240 - 46 - 61	.66	M 2 ∑ F	57	YRS.	MONTHS	DAYS	HOURS MIN.	Dec. 27,			Carolina	
	9a. FACILITY NAME (If not institute	ion, give street a	and number)			9b. CIT	, TOWN O	R LOCATION OF DE			ITY OF DEAT	тн	
DIRECTOR	North Arund		pital		G]	en E	Burnie		Ann	e Aru	ndel		
IREC		. COUNTY				TY, TOWN				10d.			
		nne Ar	undel		G16	en Bu	inie, 1 ☐ YES 2 🕅 NO 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?						
FUNERAL	100. STREET AND NUMBER 280 Glengary Garth						101	21061		U.S		AT COUNTRY?	
5	11. MARITAL STATUS		WAS DECEDENT FORCES? 1						IIC ORIGIN? (Specify n, Puerto Rican, etc.)		14. RACE -	- American Indian, White, etc.	
ВУ Г	1 Never Married 2 Marria 3 Widowed 4 X Divorced	ried	IF YES, GIVE WA		AJIIO			2 X NO Specify			Specify:	White	
		NT'S EDUCATIO		16a.	DECEDENT				16b. KINO OF	BUSINESS/IND	USTRY		
	(Specify only high		oleted) ollege (1-4 or 5+)	\dashv	(Give kind of Me. Do NOT L	work done ise retired.)	during mo	st at working	U.S.				
COMPLETED	12th.	17.2	NONE	Ac	dminst	trati	ve T	echnicia	ın Depar	tment	of De	fense	
OM	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Mai				
	Jesse	Herm	an	T	nomas			Julia	Mae		M	oser	
19a INFORMANT'S NAME (Type/Print) 19b MAN ING ADDRESS (Street and Murrher or							nd Number or Rural I						
의	Miss Cynthia S. Cobai Box 909 Bad Aibling Station, APO N.Y. 09098 20e, METHOD OF DISPOSITION 10 Burlel 2 Cremetton 3 Removed from State 20b. PLACE OF DISPOSITION (Name of cemetary, cremetary or Charlotte												
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 4 Donetion 5 Other (Spe		from State	20b. PLA	r place) TON M	emor	eme of cen ial	netery, crematory or Park	CI N	location – narloti orth Ca	City or Town E Enclis	n, State	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							JECH OC	LOILI	14				
	of the		9//			Si	ngle	ton Fune	eral Home		_	21061	
_	12. 180	ge-	tepken	lia-s					S.W., G1				
	23. PART i. Enter the disear shock, or hsart	ses, or comp feliure. List	olicationa that only one caus	caused the e on each I	death. Do ine.	not ente	r the mo	de of dying, suc	h as cardiac or re	spiratory an	eat,	Approximate interval Between	
	IMMEDIATE CAUSE (Final											Onset and Death	
	disease or condition				oonade	5							
				OR AS A CON									
Z	Sequentially ilst conditions	b			Left Ventricle of Heart								
CERTIFICATION	if any, isading to immediate	s											
2	cause. Entar UNDERLYING CAUSE (Disease or injury	c	Myocar	dial .	Infar	ction	1					-	
Ħ	that initiated events resulting in death) LAST								. •				
Ë	resulting in death) EAST	d	Arteri	osclei	rotic	Caro	llova	scular [)isease			1	
	PART il. Other significant o	conditions co	ontributing to d	leath but no	t resulting	in the u	ndertyln	g cause given in	Part i. 24a. WAS	AN AUTOPSY		VERE AUTOPSY FINDINGS	
<u>გ</u>										FORMED?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE	
									'XX''°	2 🗌 NO		OF DEATH?	
Σ									—		1 '	XXVES 2 NO	
AN	25. WAS CASE REFERRED TO MI	EDICAL					26 Pi	LACE OF DEATH (Ch	eck only one)				
PHYSICIAN: MEDICAL	EXAMINER?	н	OSPITAL:			OTHE	R:				-		
ΙXS	1 XX ES 2 NO	110	inpatient XX		28b. TI		28c. INJ		8 Other (Specify) 28d. DE\$CRIBE HO	W IN ILIEY OO	CHIPED		
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 1 💢 Natural 5 🗌 Pending				200. 1	JURY	WC	PRK?	280. DESCRIBE NO	W INJUNIT OC	CONED		
BY	2 Accident Inve	atigation	28e. PLACE OF	AL HARV A	\h.			YES 2 NO	28f. LOCATION (St	and and Mumba	as Owel Do	uto Mumbor	
	3 Suicide 6 Cou	id not be rmined	building, e	tc. (Specify)	nome, sem,	, street, am	catory, ornic	•	City or Town, S		or narer not	uta reunibai,	
COMPLETED	29a. CERTIFIER	INO BUVE DE	. To the house		4		Al-	and at the same					
₹	(Check only								to the cause(s) and			and manner as stated.	
8						, at my	Springer, C			_			
BE	296. SIGNATURE AND TUTLE ON	X CONTINUEN						29c. LICENSE NU		29d, OAT		Wonth, Day, Year)	
2		2	\ -					OCME	C		4-14	-90	
_	30. NAME AND ADDRESS OF PE	HISON WHO CY	MIPLETED CAUSE	- OF DEATH /	LLEM 273 (Tor	no Printi							

James Kaplan, M.D.
31. DATE FILED (Month, Day, Year) 32

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21201

111 Penn St., Balto., Md.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Lest)						OF DEATH		3	. TIME OF DEATH
Dorothy Pau	line Dinsmor	e			MONTH 4	16		ear 90	M.
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH	8.	BIRTHPL	ACE (State or Foreign
218-28-2399	1 □ M 2 🖾🕱	5 YRS.	ONTHS DAYS	HOURS MIN.	Month 1/	Day, Year) 5/25		Country)	England
9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUNTY	OF DEA	тн
3516 Hillsmere Ro	oad		Woodm	oor			Ba:	Ltim	ore
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Υ	10c. CITY	TOWN OR LOCA	TION				10	Dd. INSIDE CITY
Maryland	Baltimore		Voodmoo					- 15	LIMITS? YES 2 NO
10s. STREET AND NUMBER	Dareimore			of, ZIP CODE			10g. CITIZEN		AT COUNTRY?
3516 Hillsmere	Road			21207			Unite	2 6	tates
11. MARITAL STATUS	12. WAS DECEDENT EVER I			CENDENT OF HISPAN					- American Indian, Whita, atc.
1 Never Married 2 Married	FORCES? 1 YES			pecify Cuban, Maxica S 2 X NO Specify		lican, atc.)		Black, \ Specify:	
3 Widowed 4 X Divorced									White
15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	18a. OECEOENT'S U (Give kind of wo	ork done during n	ION ost of working	18b.	KIND OF BUS	SINESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	·			0			
Unknown		Account	ant				cial (red	1t
17. FATHER'S NAME (First, Middle, Lest) Frederick Freema	n			18. MOTHER'S NA			sumame)		
19a. INFORMANT'S NAME (Type/Print)	111	T tob MAILING	DDDECC /Street	and Number or Rural		Stiff	- Chata Zin Co	ela l	
Mrs. Mary Hassell	off			ive Pasa				Ue)	
20a. METHOD OF DISPOSITION		b. PLACE OF DISPOSI			шена		21122 CATION — CIII	or Town	State
1 Burial 2 XX Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)		remation	Corr				
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Cai		AND ADDRESS OF FA		rde	пашръ	eau	, FID
Jel 1/	0 -	>	Lor	ing Byers	Fun	eral H	lome		
Jon 1	75								MD 21133
23. PART i-Entar the diseases, or ahock, or heart failure.	complications that cause List only one cause on e	d tha death. Do no each line.	ot antar tha m	oda of dying, auc	h as card	liac or reap	ratory arrest	t,	Approximata Interval Between
IMMEDIATE CAUSE (Final	4 4 4 4 4 4	4.0							Onset and Death
disease or condition	a. CAMIAC DUE TO (OR AS	_ AK44557							
	DUE TO (OR AS	TC LU	10/6	CANCEN					6 HONTHS
Sequentially list conditions,		A CONSEQUENCE OF		0/1-0/10					6 190191
if any, leading to immediate cause. Enter UNDERLYING	-	111-11-11-11							
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	:						
resulting in death) LAST	4								
	u								
PART II. Other aignificant condition		out not resulting in	tha undarlyi	ng cauaa given in	Part I.	24a. WAS AN PERFOI		1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
HEART PA	LURG				_	1 TYES 2	X NO		OMPLETION OF CAUSE OF DEATH?
					_			1	YES 2 NO
								<u> </u>	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (Ch	eck only or	·e)			
1 YES 2 NO	1 Inpatient 2 ER/Out	patient 3 🗆 DOA	4 Nursing Ho	me 5/C Residence					
27. MANNER OF DEATH 1. Diatural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY V	JURY AT	28d. DES	CRIBE HOW	NJURY OCCUP	REO	
2 Acoldent Investigation	DA - DI ACE OF IN HIS	Y 40 5 4		YES 2 NO	204 100	ATION (Dec.)		0(0	
3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJUR building, etc. (Spe	r — At nome, term, at icity)	reet, factory, off	ICB	City	or Town, State,	and Number or	Hurai Hoe	ste Number,
no cermine									
(Check only	SICIAN: To the best of my know								
2 MEDICAL EXAMIN	ER: On the basis of examination	on and/or investigation	, in my opinion,	death occured at the	time, data	and place, ar	od dua to the o	ause(a)	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU			29d. DATE S	IGNED (Month, Day, Year)
4. L	~			0277	20			7/1	1190
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)						
31. DATE FILED (Month, Day, Year)	37 REGISTRAR'S SIGN								

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

tySICIAN: The law requires that the death certificate be executed within are after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
that the death certificate be executed within	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho the the State Dark of Health and Mental Hotilege prior in huital cremation or removal	ny injury, or other traumatic event, the medical examiner must be notifi
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signed to state with the State Dank of Health	IMPORTANT: If item 28 is marked, or item 23 shows a

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF CATE OF	HEALTH AND	MENTAL HYGIENE REG. NO.			
1. OECEDENT'S NAME (First, Middle, Last) MARY E. D	ESHERD				2. DATE OF DEATH MONTH DAY	90		
4. SOCIAL SECURITY NUMBER 21S-09-5860	5. SEX 6. AGE (#		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/5/15	8. Bi	RTHPLACE (State or Foreign puntry)	
9a. FACILITY NAME (If not institution, give st				OR LOCATION OF O	EATH	9c. COUNTY C	PF DEATH	
LIBERTY MEDICAL			BALTI					
MD.	,	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 1826 DIVISION ST	2.		1	01. ZIP CODE 21217		10g. CITIZEN C	F WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Maxica S 2 3 NO Specif	NIC ORIGIN? (Specify Yea in, Puerto Rican, atc.) y:	S	ACE — American Indian, Black, White, etc. Specify: LACK	
15. OECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		18a. DECEDENT'S t. (Give kind of we life. Do NOT use	ork done during n		16b. KIND OF BUS	INESS/INOUSTR	nv .	
17. FATHER'S NAME (First, Middle, Last) GEORGE GUNTHE	er.			18. MOTHER'S NA	ME (First, Middle, Meiden S	Surname)		
19a. INFORMANT'S NAME (Type/Print) MARY WATTS (dau	ighter)				Route Number, City or Town		217	
20a. METHOD OF DISPOSITION 1	oval from Stata	PLACE OF DISPOSI other place)	TION (Name of c	emetery, crematory or	20c. LOC	CATION — City o	or Town, Stata	
21. BIGHATURE OF FUNERAL SERVICE LIC	ENSEE Allhan	4-19-90		AND ADDRESS OF FA	Y BOARD, BA	LTO.	MD. 21201	
Approximate interval Between Onest and Death Sequentially list conditions, if any, leading to immediate cause or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant condition	s contributing to death be	ut not resulting in	n the underlyl	ng cause given in	Part i. 24e. WAS AN. PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)			
1 YES 2 NO	1 Inpetient 2 ER/Outp	etlant 3 DOA			8 Other (Specify)			
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY V	HJURY AT YORK? YES 2 NO	26d. DEŞCRIBE HOW IF	NURY OCCURE	D	
3 Suicide Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, si	treet, factory, of	lea	281. LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,	
one) 2 MEDICAL EXAMINE	ICIAN: To the best of my known						use(a) and manner as stated.	
29h. SIGNAFUNE AND TITLE OF CERTIFIES	Hay	MED		D39	MBER 269	29d. DATE SIG	NED (Month, Day, Year)	
Gregory S.	DOTON, M	ATH (ITEM 27) (Type,	berty	Marion	Center			
APR1 71990	32. REGISTRAR'S SIGN.		7					

	2	P	9
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-purs after death, Pa	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral described and completely filled in by the funeral described to the formation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
ì	fter d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the has find within 23 hours after death with the State Peot of Health and Mental Hydiene brior to burial, cremation, or removal.	ai
	OILS 3	in by	edic
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	NG P	ter th	тап
2	NO	R. Al	99
3	ATTE	6	28
DIVISION OF WITHE PERSONS, 1.5. BOX 10.14,	90	DIRE	tem
	ITAL	AR C	=
	OSP	UNE	AN
	무	무성	OFT
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se as the burial-transit permit. Pages 1, 2, 3 should		
director, page 5 should be detached for us		er must be notified at once.
n and completely filled in by the funeral	to burial, cremation, or removal.	matic event, the medical examin
the attending physiciar	t Mental Hygiene prior	injury, or other trau

	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPAR					/ENTAL	HYGIENI REG. NO.				
	1. DECEMENT'S WAME (First, Middle, Last)	•							2. DATE C	F DEATH			3. TIME OF DEATH	
	Dahaut Walta							MONTH DAY YEAR				1230 PM		
b	Robert Walte								7. DATE 0	E BIRTH			PLACE (State or Foreign	
		1 式 M 2 🗆 F		YRS.	MONTHS			MIN.	(Month.	Day, Year)	Country)			
	215-46-9721		40	mo.					8/4/49 Marylan					
_	9a. FACILITY NAME (If not institution, give s	· ·				TOWN OR			ATH		9c. COUNTY	Y OF DI	EATH	
5	St. Agnes Hosp	Baltimore												
ו	10a. STATE 10b. COUNT			10c. CITY	. TOWN O	R LOCATIO	N						10d. INSIDE CITY	
DIRECTOR	MD Ba	ltimore										l	LIMITS?	
	10e. STREET AND NUMBER	TTIMOLE	_	10f. ZIP CODE							10e CITIZE	N OF W	WHAT COUNTRY?	
2											TIM GOOTHIT!			
	610 Nottingha	M KOAQ 12. WAS DECEDENT	EVED IN II C AD	MED	140.9		2122		IC OPICING	(Specify Yea	USA a or No — 14. RACE — American Indian,			
2	TYNever Married 2 Married	FORCES? 1	YES XX	IO IO	It	yes, speci	fy Cuban,	Mexican	n, Puerto Ri		Black, White, atc.			
BY FUNERAL	3 Widowed 4 Divorced	IF YES, GIVE WAT	R OR DATES		1 1	YES 2	XXVO	Specify	Spe				nite	
	15. DECEDENT'S EDU	ICATION	16a. DF	CEDENT'S	USUAL OC	CUPATION			18b.	KIND OF BUS	INESS/INDUS			
-	(Specify only highest grade	o completed)	(G	ve kind of v Do NOT us	rork done d	uring most	of working		11.00					
۲	Elementary/Secondary (0-12)	College (1-4 or 5+)								7				
COMPLEIED	17. FATHER'S NAME (First, Middle, Lest)	wn	1 07	vner			n MOTHS	D'C NAI		aloor				
											Surname)			
מ	Victor Dragin	Sr.								esno				
5	19a. INFORMANT'S NAME (Type/Print)									er, City or Town				
-	Nell E. Dragi	n		510	Nott	ingl	nam	Ro	ad/B	alto				
	20a. METHOD OF DISPOSITION 1 DXByriat 2 Cremation 3 Ran	noval from State	20b. PLACE other pla	OF DISPOS	ITION (Nar	ne of cemet	lery, crema	tory or		20c. LO	CATION — CH	y or To	wn, Stata	
	4 Donatton 8 Other (Specify)		N €	2W _ 5.						Bal	timo	re	, MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEL			1		terling Ashton Funeral Home, PA							
	4/1/6/2	4			5	ter.	ling	; As	shto	n Fur	ieral	H	ome, PA D 21228	
	23. PART I. Entar tha diseasea, or				ot enter	the mode	of dyln	g, eucl	h ae cerdi	ec or reepl	retory arrec	et,	Approximete	
	ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death													
	IMMEDIATE CAUSE (Finel disease or condition	- 1 ppg -0:	NO SED.		0		00	2				IMMEDIATE		
	resulting in death)	a. DUE TO (C	OR AS A CONSE	DUENCE OF	7:		DNE	NUC	21				The contract	
_	disease or condition resulting in death) a. CARROLUNESPIRATION DUE TO (OR AS A CONSEQUENCE OF): A 1 D S													
5	Sequentially list conditions, Due to (or as a consequence of):													
Ķ	If eny, laeding to immediate cause. Enter UNDERLYING	Enter UNDERLYING												
1	CAUSE (Diseasa or injury that initiated events		R AS A CONSE	QUENCE OF	j:								-	
ERIFICATION	resulting in deeth) LAST													
2		d												
AL	PART II. Other aignificant condition	na contributing to d	eath but not r	esulting	in tha un	dariying	cauaa gi	van in	Part I.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
2										1 TYES 2	-		COMPLETION OF CAUSE OF CEATH?	
MEDIC									ł			1	1 _ YES 2 _ NO	
												1		
A	25. WAS CASE REFERRED TO MEDICAL					28. PLA	CE OF DE	ATH (Ch	eck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	OTHER:										
×	27. MANNER OF DEATH	28a. DATE OF II		28b. TIM	E OF	28c. INJU	TA YF				RIBE HOW INJURY OCCURED			
	1 Netural 5 Pending	(Month, Day	Year)	IN.	M	1 YE	K? S 2 🗌	NO						
Ř	2 Accident Inventigation	28e. PLACE OF	INJURY — At he	ome, farm,	street, facto	ory, office			28t, LOCA	TION (Street a	and Number of	Rural I	Route Number,	
J	3 Suicida 8 Could not be 4 Homicide determined	building, a	tc. (Specify)			,,				or Town, State)				
COMPLETED	29a. CERTIFIER													
7	(Check only													
,	2 MEDICAL EXAMIN	ER: On the basis of axe	of examination and/or investigation, in my opinion, death occursd at the time, date and place,								and due to the cause(a) and manner as stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	ER COLLAR	DEL NEW	٦	wen!	1 11	29c. LICE	NSE NUI	MBER				(Month, Day, Year)	
20	July >	MEDILAR 1	1-021001	out.	- (7,,,					D 4		11-90	
2 '	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE					P	11	0.10	20				
	JUAN HERMADA	M.D.	900 C	ATUR	1 DV	2	150	10	211	- 4				
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR	'S SIGNATURE	nda 90										
	APR1 71990			·										

-	FOR STATE REGISTRAR	STATE	OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. (DECEDENT'S NAME (First, Middle, Last)	4	PARROWITERAVA	2. DATE OF DEATH MONTH , DAY,

		TE OF DEATH	REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) LA DOBROVIT	SKAYA	2. DATE OF DEATH MONTH - DAY 3 -	YEAR 624 M								
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 XF 8. AGE (In yrs. light birthday) 1 FUN WONT	NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG.8,1908	8. BIRTHPLACE (State or Foreign Country) RUSSIA								
OR	BALTIMORE COUNTY GENERAL HOSPITAL	CITY, TOWN OR LOCATION OF DE	EATH 9c. CO	BALTIMORE								
DIRECTOR		WN OR LOCATION ALTIMORE		10d. INSIDE CITY LIMITS? 1 TYES 2 TO NO								
FUNERAL	10e. STREET AND NUMBER	101. ZIP CODE	10g. C	ITIZEN OF WHAT COUNTRY?								
NE	7402 MONITA RD. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	21208	NIC ORIGIN? (Specify Yes or No —	USA 14. RACE — American Indian,								
В	1 Never Married 2 Married 3 Widowed 4 Divorced Never Married 2 Married Widowed 4 Divorced IF YES, GIVE WAR OR DATES IF YES, GIVE WAR	If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES X NO Specify: Black, White, the Specify: Specify: WH										
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUA (Give kind of work of life. Do Nov Berein NONE)	one during most of working	18b. KIND OF BUSINESS/I									
MP	12											
BE CO	17. FATHER'S NAME (First, Middle, Lest) WOLFE DOBROVITSKAYA		ME (First, Middle, Malden Surname UNKNOWN									
70	198. INFORMANT'S NAME (Type/Print) 199. MARGARET SCHWARTZ 199. MARGARET SCHWARTZ 702 KAF		Route Number, City or Town, State, IORE, MD 2120									
	1 G-Burial 2 Cremation 3 Ramovat from State other place)	N (Name of cemetery, cremetory or	20c. LOCATION	City or Town, Stata								
	4 Donation 5 Other (Specify) CHEVRA AHAVAS CHESED RANDALLSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE/LICENSIE 22. NAME AND ADDRESS OF FACILITY											
	· Sydney & Stillman	SOL LEVINS	SON & BROS, I									
	23. PART I. Enter the diseases or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events over the condition of the con											
H	resulting in death) LAST											
MEDICAL	PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO											
AN	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (C)	heck only one)									
SIC		HER: Nursing Home 5 - Residence	8 Other (Specify)									
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF (NJURY (Month, Day, Year) 28b. TIME OF (Month, Day, Year) 28b. TIME OF (Month, Day, Year)	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEȘCRIBE HOW INJURY (OCCUREO								
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, atrest, building, atc. (Specify)	, factory, offica	28f. LOCATION (Street and Num City or Town, State)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in			1								
H	296. SIGNATURE AND TITLE OF CERTIFICATION AND DESCRIPTION OF SIGNED (N. D. 27/57) 4-/											
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,)	,									
	APR 17 1990 July Registrates sign and the si											

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an income after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should ————————————————————————————————————
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burital, cremation, or removal.
IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

3	4 STATE	EPARTMENT OF HEALTH AND TIFICATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) TAMES WILSON	DAVIS	2. DATE OF DEATH DAY	YEAR OF DEATH 1045 A M						
	4. SOCIAL SECURITY NUMBER 212-30-7080 1 M 2 F 71 9a. FACILITY NAME (If not institution, give street and number)	YRS. MONTHS DAYS HOURS MIN.	JAN. 1, 1919	BEL AIR, MD						
TOR	Peninsula General Hospital	9b. CITY, TOWN OR LOCATION OF D Salisbury, MD		OMICO						
DIRECTOR	DELAWARE KENT	DOVER		10d. INSIDE CITY LIMITS? 1 YES 2 X NO STIZEN OF WHAT COUNTRY?						
FUNERAL	R.D. 4 Box 250	19901	19901 UN:							
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexico	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 X NO Specify: H I T E							
COMPLETED	(Specify only highest grade completed) (Give kille. Do Elementary/Secondary (0-12) Collega (1-4 or 5+)	DENT'S USUAL OCCUPATION ind of work done during most of working NOT use retired.) ONTRACTOR	f work done during most of working use retired.)							
	17. FATHER'S NAME (First, Middle, Last) GLADDEN DAVIS	18. MOTHER'S NA	U.S. POSTAL SERVICE 18. MOTHER'S NAME (First, Middle, Melden Surneme) KATHERINE A. STREETT							
TO BE		D. 4 Box 250								
	20a. METHOD OF DISPOSITION 1 [X Burlat 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or other place) 4 Donation 5 Other (Specify) STREET, MARYLAND									
	22. NAME AND ADDRESS OF FACILITY HARKINS FUNERAL HOME, INC. DELTA, PA									
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST									
PHYSICIAN: MEDICAL CE	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? PERFORMED? 1 YES 2 NO 1 YES 2 NO									
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 250 NO 1 A DOA 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1									
BY PHY	27. MANNER OF DEATN 1 Netural 5 Pending 28s. DATE OF INJURY (Month, Day, Year)	Bb. TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED							
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street, factory, offica	m, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or inve									
TO BE C	296. SIGNATURE AND TITLE OF CEPTIFIER	29c. LICENSE NU D260	140	0 > 4/13/80						
	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2)	1) (1) pe, Print) SAISA	URX, MA 2180	1110 +						

Approximata Interval Between **Oneat and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

2 months

KARACUSCHANSKY AD

D154

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300 E

FOR STATE REGISTRAR

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	SULS	=	OF FB	ned
		filled	on, c	he n
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-curs	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the med
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		1. DECEDENT'S NAME (First, I	Middle, Last)							2. DATE	E OF DEATH	DAY	YEAR	3. TIME OF DEATH	
				enry		Dru	mmon	d			4-11-90				
	i	4. SOCIAL SECURITY NUMBER	Я	5. SEX	l	yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 H	(8.6	OF BIRTH th, Day, Year)		8. BIRTHI	PLACE (State or Foreign	
10		213-09-4046		1 🔀 M 2 🗌 F	78	YRS.				10-	-16-11			rk Pa.	
2, 3 should		9e. FACILITY NAME (If not inst	titution, give st	reet and number)			9b. CITY	, TOWN C	OR LOCATION C	OF DEATH		9c. COUN	TY OF DE	EATH	
2, 3	DIRECTOR	3630 Elmora Avenue Baltimore													
es 1,	EC		10b. COUNTY			10c. Cl	Y, TOWN	OR LOCAT	TION				Т	10d. INSIDE CITY	
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al or attending physician. for use as the burial-transit permit. Pages 1,	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN				ENDENT OF HI			as or No—		- American Indian, White, etc.	
g bly	ВУ Б	1 Never Married 2 K R 3 Widowed 4 Divorce		IF YES, GIVE Y	MAR OR DAT				2 ₺ NO S		rates, etc.)		Specif	fy:	
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detach	COMPLETE	17. FATHER'S NAME (First, Mid	idle, Last)					_	18. MOTHER	'S NAME (First,	Middle, Maide	n Sumame)			
	ЕС	Joel Henr	y Dru	mmond					Lau	ira l	Miller				
5 should notified	00	19e. INFORMANT'S NAME (Ty)	pe/Print)						and Number or F						
6 may be retained by ctor, page 5 should be must be notified at	2	Clara R. Dr	ummon	d		3630	E1m	ora	Avenue	Balt:	imore,	Maryl:	and-	21213	
may be		20s. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Removal from State				PLACE OF DISPO	LACE OF DISPOSITION (Name of cemetery, cremetory or					20c. LOCATION — City or Town, State			
pe 6 mai irector, p		4 Donation 5 Other	Specify)				ardens of Faith Cemetery								
death. Page e funeral direct. I. examiner n		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE .	1		22.	NAME A	ND ADORESS C	OF FACILITY		6415	Bela	air Road	
after death. yy the funeramoval. cal exami		John C. Miller, Inc. Balto. Md21206													
curs after death. Page 6 may be d in by the funeral director, page or removal. medical examiner must be		23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate Interval Between													
		IMMEDIATE CAUSE (Fina								+	17	1		Oneat and Das	
un za ely fille nation, I, the		disease or condition	+	1461	ASIA	tro C	ARC	NO	MA O	PIL	e C	0101	7	2 month	
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he death certificate be executed within zer the attending physician and completely fills Mental Hygiene prior to burial, cremation, njury, or other traumatic event, the	NO	Sequentially list condition	ons.	b											
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V: The cate h State	i i	EXAMINER? HOSPITAL: O'						OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)							
SICIA certif		27. MANNER OF DEATH		28s. DATE O	F INJURY	28b. TI	ME OF	28c. IN.	JURY AT		28d. DESCRIBE HOW INJURY OCCURED				
NG PHYS fter this path with	a		ending nvestigation	(Month, i	Day, Year)	"	JURY		ORK? YES 2 N	0					
ADING Afte Geat deat	D BY	2 Deviate	Could not be	28a. PLACE	OF INJURY	At home, farm	At home, farm, street, factory, office					261. LOCATION (Street and Number or Rural Route Number,			
CTOR after	ETEC		letermined	building	, atc. (Speci	197)				Cit	ly or Town, Stat	10)			
DIRECTOR A HOURS	4	29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best o	of my knowle	edge, death ogsti	red at the	time, date	and place, and	d due to the c	euse(s) end m	enner es stat	ed.		
国 東元 =	COME	CONSCRIBING TO					1							and manner as stated.	
THE HOSPI THE FUNER filed within PORTANT:		29b. SIGNATURE AND TITLE	OF CERTIFIE	1/		/_	+		29c. LICENSI	E NUMBER		29d. DAT	E SIGNED	(Month, Day, Year)	
B를 표 표	8	///	-1 K	/	sch	funds (154	62		41	11/90	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE

MIGUEL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

21218

90

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
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1 - STATE	TRAR		SIAIE UF I	WARTL			TE OF			VIENIA	REG. NO.	E					
W	Γ'S NAME (First, Middle,	Last)			0					2. DATE	OF DEATH		V=1=	3. TIME OF	DEATH		
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	ECURITY NUMBER 14-8744		5. SEX 1 🛣 M 2 🗌 F		in yrs. last birthde		HE DAYS	IF UNDER 2	MIN,	7. DATE (Mont 4 – 3	OF BIRTH h, Day, Year) 3 – 1924		Countr	PLACE (State			
9a. FACILITY	NAME (If not institution,	give str	reet and number)			9b. (CITY, TOWN	OWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								\neg	
Fran	cis Scot	:t]	Key Med	l. C	tr.	Baltimore Balt						lto	to. CIty				
Fran RESIDEN 100. STATE Md.	CE OF DECEDEN	OUNTY			10c. (CITY, TOV	VN OR LOCA	TION						10d. INSIDE	CITY	-	
Md.	Md. Baltimore								LIMITS? 1 X YES 2 NO								
	AND NUMBER			10	. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNT	RY?	\neg				
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198. INFORM	ant's name (Type/Prince)		more								ber, City or Town			224			
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21. SIGNATU	HE OF PUNERAL SERV	ICE PIC	Greenmount Crematory BAltoMd. 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton FUneral Home 2134 Willow SPring Rd.DUnda								- TNI-		1				
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if any, lace cause. Ent CAUSE (Di that inities	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.																
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Significant and place and due to the cause(a) and manner as stated. City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State)									er aa statar	d.							
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 4 - 16 - 97									76er)								
WISTHAKKARINEN, WIS FRANKLIN SQUAKE HOSPITAL, BACTI WING, WIS																	
31. DATE FILED (MORTH, Day, Year) 1990 32. REGISTRAR'S SIGNATURE																	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

JAMES KAPLAN, MD

APR1 7 1990

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundal-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to bundal, cremation, or removal.	the marked or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL	FUNERAL Within 72	ANT IF

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		AL SECURITY NUME		5. SEX	6. AGE (In yrs.)		IF UNDER	1 YEAR_	IF UNDER	24 HRS.	7. DATE O		3	6. BIRTI	ry)	(State or Fore
		LITY NAME (If not in		22			9b. CITY,	TOWN C	OR LOCATIO	N OF DE		<u> </u>		NTY OF E	V	114
TOR	1	04 E. 21		D 11'					more City none					e		
DIRECTOR	Mar Mar	yland	10b. COUNTY					ore City						LI	ISIDE CITY MITS? (ES 2 N	
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TO BE COMPLET		th grad		none		unem	plo;	yed				non				
	11	Daniel		S					Ma	rga	ret	Jone	s			
	19a. INFORMANT'S NAME (Type/Print) Eva Faidley 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4531 St. George Ave. Baltimore, M									ld.	2121					
	20a. METHOD OF DISPOSITION X															
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	7	NATURE OF FUNERAL	nB.	Desi	490	Sr.	22.	Cal 412	vin E.	B. Pre	Scru ston	iggs St.	⊕une Bal	eral	Ho Md.	me 212
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111 Penn Street, Baltimore, MD 21201

PWG SACE.

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR					MENTAL	HYGIENI REG. NO.	Ε			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	DA [*]	Y	YEAR 3	. TIME OF DEATH	16
		SADIE	EISENBE						APR	9, 1	990		7:43	1
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la		IF UNDER	DAYS	IF UNDER	MIN.		Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
	174-32-4066	1 - M 2 - F	88	YRS.									EW YORK	
R S	9a. FACILITY NAME (If not institution, give st ROLAND PARK PLAC	reet and number) CE- 830 W	. 40TH	ST.	9b. CITY	r, town o	LTIM		EATH		9c. COU	INTY OF DEA	TH	
5	RESIDENCE OF DECEDENT													
DIRECTOR	MARYLAND 106. COUNTY			10c. CI	Y, TOWN	LTIM							Od. INSIDE CITY LIMITS? X YES 2 1	NO
AL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF WH	AT COUNTRY?	
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BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 V			WAS DEC If yes, sp 1 YES	ecify Cubi	ın, Mexica	in, Puerto Ri	(Specify Yee can, etc.)	or No-		- Amaricen Indies White, atc. WHITE	п,
	15. DECEDENT'S EDUC	CATION	40. 0	ECEDENT'S		001101710			1 441	KIND OF BUS		DINTEN		
	(Specify only highest grade	completed)		Give kind of b. Do NOT u	work done	during mo		ng	160.	KIND OF BUS	iness/int	JUSTRY		
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0	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, M	iddle, Maiden	Surname)			
BE C	KADISH BERKOWIT	Z						YETT	ľA BI	EZNAK	(
10 8	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILIN	ADDRES	S (Street a	nd Numbe	r or Rural	Route Numbe	er, City or Town	n, State, Zh	p Code)		
۴	MRS. MAE KASTOR 2415 BOSTON ST. BALTIMORE, MD 21224										4			
	20e. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Removed	oval from State	other p				_			1		City or Town		
	1 Surial 2 Cremation 3 Removal from State other place) 4 Donetion 5 Other (Specify) ROOSEVELT MEMORIAL PARK TREVOSE, B 21. SIGNATURE OF FUNERAL SERVICE LICENSES									BUCKS C	:O.,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.									3.				
	Lest D	dew	1s										, MD 21	215
	23. PART Enter the diaesses, Dr c ahock, Dr hesrt fellure.				not ente	r the mo	de of dy	ing, auc	ch ss csrdi	sc or respi	ratory ar	rest,	Approxima Interval Be	
	IMMEDIATE CAUSE (Final disease or condition		1	1	(1/6	1						Onset and	Doof
	reaulting in death)	8	MC	AS A CONSEQUENCE OF:									Jun	4
2		DUE TO	(OR AS A CONS	EOUENCE	15	CU							150	rs
OT.	Sequentially list conditions, if sny, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE (OF):									
2	cause. Enter UNDERLYING CAUSE (Disesse or Injury	C. OHE TO	(OR AS A CONSI	EQUENCE (NT)-								-	
CERTIFICATION	that initiated events resulting in death) LAST	d	(On AS A CONS	EGUENCE	r.	1							į	
-	PART II. Other significant condition	e enstellerting to	death but not		In the re			aluan la	Boot I	04- 1400 441	ALITODOV		TENE ALTONOV EN	(DILION
SAL	PART II. Other significant condition	- Contributing to	Geath Dut HDt	reauting	an une u	nuerrynn	g cause	given in	Part I.	24a. WAS AN PERFOR	RMED?	1 1	VERE AUTOPSY FIN IVAILABLE PRIOR 1 COMPLETION OF C	то
ğ										1 TYES 2	□ ha		OF DEATH?	
PHYSICIAN: MEDICAL									-			'	I NES 2 N	ID
AN	25. WAS CASE REFERRED TO MEDICAL					26. Pi	ACE DE I	DEATH (C)	heck only one	»)				
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	FB/Outpatient	3 DOA	OTHE	R:			8 🗆 Other					
Η	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TI	WE OF	28c. INJ	URY AT	(BRICOTIC)		CRIBE HOW II	NJURY OC	CCURED		
	1 Natural 5 Pending	(Month, E		, IN	JURY		ORK? YES 2	□ NO						
COMPLETED BY								and Number or Rural Route Number,						
E	290. CERTIFIER CERTIFYING PHYSI	ICIAN: To the heat of	I mu knowleds	doub		alma de-	and als:			note) and -		ni da		_
MP	(Check only one) 2 MEOICAL EXAMINE	ICIAN: To the best of ER: On the basie of e											end manner ee =	ated.
8					,				_,	,				

29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Yeer)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3300 QV

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21218

9 0

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The end,

DIVISION OF VIEW RECORDS, F.O. BOA 13146, BARLIMONE, MARIEMON 21203-3140	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burfal, cremation, or removal.	s 1, 2, 3 should

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Ded Year)
APR 1 7 1990

	FOR	s	TATE OF MARY	LAND /	DEPARTN	IENT OF H	EALTH AND N	MENTAL HYGIEN	lE .			
	1 - STATE REGISTRAR	17				ATE OF		REG. NO				
i	1. DECEDENT'S NAME (First, Middle	le, Last)						2. DATE OF DEATH	W		TIME OF DEATH	
1	Inis Fulto	on						4 1	5	90	м	
i	4. SOCIAL SECURITY NUMBER	5. 3	SEX 6. AG	E (In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign	
	234-40-9710	1 [M 2 KNF	63	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 1/15/27		Country)	Kentucky	
1	9a. FACILITY NAME (If not institution	on, give atreet a	and number)		98	L CITY, TOWN C	R LOCATION OF DE	ATH	9c. COU	NTY OF DEA	тн	
<u>ج</u> ا	3823 Brownhill	L Road				Rand	allstown			Balti	more	
ธี	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10											
DIRECTOR	1.377				10c. CITY, T	OWN OR LOCAT				11	Dd. INSIDE CITY LIMITS?	
	Maryland	Ват	timore				1stown		_		YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE		. 43		AT COUNTRY?	
	3823 Brownhil						21133				States	
	11. MARITAL STATUS 1 Never Married 2 Marrie		WAS DECEDENT EVER FORCES? 1 YE					IC ORIGIN? (Specify Yen, Puerto Rican, alc.)	a or No-	14. RACE — Black, \	- American Indian, Vhite, etc.	
B	3 Widowed 4 Divorced	-	IF YES, GIVE WAR OR	DATES		1 TYES	2 NO Specify	*	- 1	Specify:	White	
ED	15. DECEDEN	T'S FOUCATIO	N .	16a DEC	PERENT'S HS	UAL OCCUPATION	NA .	16b, KIND OF BL	ISINESS/INF	VOTEN	WIIICC	
	(Specify only highe	est grade comp	pleted)	(Gh	ve kind of work Do NOT use re	done during mo tired.)	at of working	TOU. KIND OF DE	7011120071112	, CO 1 111		
7	10th grade	Ce	ilege (1-4 or 5+)	Н	ousewi	fe						
COMPLET	17. FATHER'S NAME (First, Middle,	Lest)			Ousew.		18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)			
	Theodore To		r				200-120	Blankens				
8E	19a. INFORMANT'S NAME (Type/Pri	rint)		196	MAILING AD	DRESS (Street a		Route Number, City or To		Code)		
၉	Mr. Robert T.	Fult	on		3823 I	Brownhi	11 Road	Randalls	town,	MD	21133	
	20a. METHOD OF DISPOSITION		2			ON (Name of cer	netery, crematory or			City or Town	, Sista	
	MXBurial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec		from State	other ple	Mea	dowrid	ge Mem.	Gardens :	Elkri	dge, l	MD	
	21, SIGNATURE OF FUNERAL SER	VICE LICENS	EE	Α.			O ADDRESS OF FA				- -	
	> golm	K	Annel	/				Funeral Road Ray		etoum	, MD 21133	
	23. PART I. Enter the diseas	es or com	olications that caus	and the ries	ath Do not	-					Approximate	
			only one cause on			A A	do or dying, ado.	i ca caraice or res	piratory an		Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition		C - 0:	(1	1/2	1.0		- 1	A	Onset end Deeth	
-	resulting in death)	8	DUE TO (OR A	S A CONSEC	HENCE OFF	7/10	nune		^	asx	. or vent	
_		-	Mita	t. 0.	10.	and Va	e e e e e e e e	of Ca	Range	Diago	7 /	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate		DUE TO (OR A	S A CONSEC	UENCE OF)	no ye	Lucino	6	010	nge	1 /2	
<u>8</u>	cause, Enter UNDERLYING)		٧		
<u> </u>	CAUSE (Disease or injury that initiated events	1	DUE TO (OR A	S A CONSEC	NUENCE OF):							
ᇤᅵ	resulting in deeth) LAST	d										
ᅙᅵ	PART II. Other significant co	onditiona co	entributing to death	but not n	esulting in	the underlyin	a cause alven in	Part I. 24s. WAS A	N ALITOPSY	24b. V	VERE AUTOPSY FINDINGS	
중			•	4.1	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFO	PRMED?	- A	MAILABLE PRIOR TO COMPLETION OF CAUSE	
					ne			1 - YES	2 NO	0	F DEATH?	
Σ								-		'	☐ YES 2 NO	
Ž	25. WAS CASE REFERRED TO ME	DICAL I				0.0	ACE OF DEATH (C)	and and and				
ᅙ	EXAMINER?	н	SPITAL:			THER:	AZE OF DEATH (Ch					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 1 No Netural 5 Pending 28. DATE OF IN-MET RN.							Ne 5 (X Residence	8 U Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CUBED	· · · · · · · · · · · · · · · · · · ·	
						Y WO	YES 2 NO	200. DEJONIOE 11011	moon oc	CONED		
2 Accident Investigation 255 PLACE OF INJURY — At home, feeting					me, feefn, stre			281, LOCATION (Street and Number or Rural Route Number,				
COMPLETED		d not be mined	building, etc. (S		J/A			City or Town, Stat				
9	29a. CERTIFIER	IO BHYOLO:	To the heat of our	and a disconnection	-	- A AL - AL - C		In the same 1 has 1		4-4		
N N	(Check only							Io the cause(a) and m time, date and place,			and manner as stated	
8			A	J. J. Singraf	- Carrigations,	my spinned, t					1	
BE	296. SIGNATURE AND TUPLE OF C	CEHTIMER	1-1	2			29c. LICENSE NUI	_	29d, DA	E SIGNED (A	fueth, Day, Yeer)	
<u> </u>	Janes	7.1	Voluna	2			DZ30	100		1/1/	110	

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a first death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		C	ERTIF					MENIAL HY	G. NO.				
1. DECEDENT'S NAME (First, Middle Edward Norm								2. DATE OF DE	EATH DAY	Y	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	T				181000		4	14		90	2:20 p.	
220-03-5039	1 XM 2 F	6. AGE (In yrs. In	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BII (Month, Day,	Year)		Count		
9a. FACILITY NAME (If not institution				9b CIT	TOWN C	P LOCAT	ION OF DI	10/15	720	90 001	INTY OF D	lt.,Md.	
VA Medical Cer RESIDENCE OF DECEDE 10a. STATE 10b. Maryland 10a. STREET AND NUMBER 8344 Bletzer F 11. MARITAL STATUS 1 XNaver Married 2 Married	ter, Ft. Ho	oward, M	ard, Md. Ft. Howard					ryland				altimore	
10a. STATE 10b.	COUNTY		10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY	
Maryland	Maryland Baltimore					Mar	ryland					LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER	10e. STREET AND NUMBER					. ZIP COD	E	10g. CITIZEN				WHAT COUNTRY?	
8344 Bletzer F	8344 Bletzer Road, Baltimon					21	222				US	A	
11. MARITAL STATUS 1 Naver Married 2 Marrie 3 Widowed 4 Divorced	FORCES?	ENT-EVER IN U.S. A 1/2 YES 2 WAR OR DATES				ecity, Cubi	nn, Maxica	n, Puarto Rican,		or No—	14. RACI Blac Spec	E — American Indian, k, Whita, atc. ify: White	
15. DECEDENT	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				CCUPATIO	ON		16b. KIND	OF BUS	INESS/IN	DUSTRY	WIIICE	
Elementary/Secondary (0-12)	College (1-4 or	- 100	Give kind of e. Do NOT u	se retired.)	during mo	at or work	ng						
12 Yrs.			Mach	inis	t				Bei	ndix	/Gen	. Electric	
17. FATHER'S NAME (First, Middle, L								ME (First, Middle,	Maiden S	Sumame)			
1100011011	stek						ry	Ryszak					
19a. INFORMANT'S NAME (Typo/Pri Cecilia Stewa		1						Route Number, Cit Baltin				214	
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3	Removal from State	20b. PLACE	E OF DISPO	SITION (N	ame of cer	netery, cre	matory or				- City or Te		
4 Donation 5 Other (Special	(y)	_ St.	Stan:	-					Bal	to.,	Md.		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE POY H. Cather 22. NAME AND ADDRESS OF FACILITY													
Roy H. Clackon Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Metastatic Carcinoma of the Prostate Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):													
PART II. Other significant co	d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b.										b. WERE AUTOPSY FINDING		
									PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL					28. PLACE OF DEATH (Ch							
EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		• 5 □ F	lesidence	8 Other (Spe	c(fy)				
I leave et	27. MANNER OF DEATH 28s. DATE OF INJU (Month, Day, Yes					URY AT ORK? YES 2	□ NO	28d. DESCRIBE HOW INJURY OCCURED					
2 Accident investi 3 Suicide 8 Could 4 Homicide determ	OF INJURY — At h	nome, farm,	street, fee	ctory, offic	•		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
anal	XAMINER: On the basis of		nowledge, death occurred at the time, o			n, death occured at the t		he time, data and place, and dua to		d dua to			
Wiancia	MO	D 263				91		•		, , , , , , , , , , , , , , , , , , , ,			
30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CA	WSE OF DEATH (IT	EM 27) (Typ	e, Print)									
31. DATE FILED (Month, Day, Your P	90 Zulia	Daydon-A	ander	5				- *				·	

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTMEN				IYGIENE IEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Fox (BER	THA G. FO	X)		2. DATE OF	DEATH	YEAR 990	3. TIME OF DEATH	
	2.0 110 110	SEX 8. AGE (in yrs. 95	lest birthday) IF UND YRS. MONTHS	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De	ry, Year)	8. BIRTH Country		
TOR	9a. FACILITY NAME (If not institution, give street a LCVNTAVE HEBLEN GERLIN RESIDENCE OF DECEDENT	Ind number) a ENTER +TRIC , +65 PIT	96. COUNTY OF DEATH 96. COUNTY OF DEATH 97. COUNTY OF DEATH							
бівестов	10e. STATE 10b. COUNTY MARYLAND		10c. CITY, TOWN	OR LOCATION		<i>'</i>			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER 5906 PARK HEIGHT	rs ave.		101.	ZIP COOE 21215		10g. C	USA	YHAT COUNTRY?	
BY FUNERAL	1 Never Merried 2 Merried	1 Never Merried 2 Merried FORCES? 1 YES 2				IC ORIGIN? (S n, Puerlo Rice	pecify Yee or No-		E — Americen Indien, k, Whita, etc. ^{f/y:} WHITE	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementery(Secondary (0-12) Co	ON 16a. 16a. bliege (1-4 or 5+)	DECEDENT'S USUAL. (Give kind at work don life. Do NOT use retired HOUS	OCCUPATION e during most DEWIFE	t of working	16b. KII	OF BUSINESS/I			
E COM	17. FATHER'S NAME (First, Middle, Last) JOSEPH GORDON				18. MOTHER'S NAI	ME (First, Midd ANN		"HOLD		
TO BE	190. INFORMANT'S NAME (Type/Print) MRS. PEGGY F. CLUST	rer	196. MAILING ADDRE 327 PAD				City or Town, State, MORE, MI		212	
	20s, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal 4 Oonetion 5 Other (Specify)	from State 20b. PLAG	CE OF DISPOSITION (T place) BETH T	Name of ceme FILOH	etery, crematory or		20c. LOCATION BALT	— City or To CIMORE		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Lewi	2	SOL	LEVINSO RETSTEE	ON & B			MD 21215	
-	23. PARTY. Enter the diseases, or compand, or heart failure. List immediate CAUSE (Final disease or condition resulting in deeth)	only one ceuse on each is	ine.	er the mod	le of dying, auch	h as cardiac	or respiratory	arrest,	Approximata Intarval Batween Onset end Deeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	OUE TO (OR AS A CONS								
MEDICAL CERT	PART II. Other significant conditions co	ontributing to death but no	ot resulting in the	underlying	cause given in		a. WAS AN AUTOPS PERFORMEO?	3Y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL	-2		26. PL/	ACE OF DEATH (Chi	eck only one)			1 YES 2 NO	
PHYSICIAN:		SPITAL: Inpatient 2 - ER/Outpatient 28e. DATE OF INJURY	3 DOA 4 N		5 - Residence		pecify)	OCCURED		
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 26e. PLACE OF INJURY — At	INJURY M		ES 2 NO	28f. LOCATIO	ON (Street and Num		Route Number,	
LETED	4 Homicide determined	building, etc. (Specify)	doub comment of the	a dimendent	and alone and a		own, State)	-1-10 d		
COMPLET	one)	: To the best of my knowledge, n the beste of examination end							e) end manner ee stated.	
TO BE	290. SIGNATURE AND TITLE OF CERTIFIER	0. Un m	1.		DI70	3 7	29d. C	ATE SIGNED	(Month, Day, Year)	
	ESTRELITA O. Ku, n	OMPLETED CAUSE OF GEATH (PALE HEAST	Ew G	ERINTENO	eanite	ik & Hos	P.TAL	21215	
	31. DATE FILED (Month, Day, Year)	32, BEGISTRAR'S DICHATUR				,				

STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	O	F DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF		D MEN	NTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	PANKEL					DATE OF DEATH	y G	ar / DEATH	
:	4. SOCIAL SECURITY NUMBER 114-05-4927	5. SEX 8. AGE (In	yrs. fast birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR		OATE OF BIRTH (Month, Day, Year)	109 N	BIRTHPLACE (State or Foreign Country) EW YORK	
TOR	Ba. FACILITY NAME (If not institution, give as HOLY CROSS H	reet and number)		96. CITY, TOWN	OR LOCATION OF	PING	md.	9c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY	catamoen	10c. CIT	Y, TOWN OR LOC	ATION DO	110		10d. INSIDE CITY LIMITS? 1 FIES 2 NO		
	10a. STREET AND NUMBER	od (1		1	of. ZIP CODE	211	3	10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1/2 YES	U.S. ARMED		CENDENT OF HIS		RIGIN? (Specify Yes	or No — 14.	RACE — American Indian, Black White, etc.	
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES		S 2 X NO Sp		erto rican, etc.)		Specily: TECOTES	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during n	ION lost of working		16b. KIND OF BUS	SINESS/INDUST	TRY	
MPL		2	SHIP	PING CL	1			LINEN	S	
8	17. FATHER'S NAME (First, Middle, Last) BENJAMIN FRANKE	,				RIED	First, Middle, Maiden A FRIED			
BE	19a. INFORMANT'S NAME (Type/Print)	<u> </u>	19b, MAILING	ADDRESS (Street		-	Number, City or Town		de)	
2	MRS. RUTH ZAMOFF		716	EASLEY	ST. SI	VER	SPRING,	MD 2	0910	
	26a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 X Rem	oval from State	PLACE OF OISPO			or			or Town, State	
	4 Donation 5 Other (Specify)		SHINGTO		ND ADDRESS OF	F FACILIT		ANS, N	J	
	· finf	Zmeson	ii.				& BROS,. WN RD.		,MD 21215	
	23. PART I. Enter the diseases, or shock, or heart feilure.	complications that caused List only one cause on ea		not enter the m	ode of dying,	such as	cardiac or raspi	ratory arrest	interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	genito u	rina	19 5	psi	2			Onset and Death	
_		DUE TO (OR AS A	CONSEQUENCE O	Il lel	adde	1			24000	
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR ASA	CONSEQUENCE O	F):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	C. DUE TO (OR AS A	CONSEQUENCE O	PF):						
		d					1			
EDICAL	PART II. Other significant condition	ia contributing to death bu	ut not resulting	in the underly	ng cause give	n in Pari	t i. 24s. WAS AN PERFOR	RMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
PHYSICIAN: MEDI							1		1 TYES 2 NO	
SI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL .		26.	PLACE OF DEATH	(Check o	only one)			
YSI	1 TES 25 NO	HOSPITAL:		4 - Nursing He	me 5 🗆 Reside					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TJI	JURY \	YURY AT YORK? YES 2 NO		d. DEȘCRIBE HOW I	NJUHY OCCUR	ieb	
	3 Suicide a Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Speci	— At home, ferm,	street, factory, of	lce	281	f. LOCATION (Street City or Town, State)	and Number or i	Rural Route Number,	
COMPLETED	fortoon only	ER: On the best of my knowle							suse(s) and manner se stated.	
띪	290. Signiffic holf file or postere	for him	n		29c. LICENSE	NUMBER	0	29d. DATE SI	Apply 1990	
5	30. NAME AND ADDRESS OF PERSON TO	GOOVH MY	2309	s, Print) SHORE	FIEU	DR	eno u	HEM	TON MD	
	" APR 17 1990 g	32. BEGISTRAR'S NON	ATURE							

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DHMH-16 Rev 1/89

	TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal,	IMPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
DIVISION OF VITAL PER	TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requi	TO THE FUNERAL DIRECTOR: After this certificate has been s	be filed within 72 hours after death with the State Dept. of H	IMPORTANT: If Item 28 is marked, or Item 23 show

		FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last, SAMUEL	s. Fox				2. DATE OF DEATH DO NORTH DE	100	
		4. SOCIAL SECURITY NUMBER 213-03-2672	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	0 1 0	AIRTHPLACE (State or Foreign Country) NEW YNY
	NO.	98. FACILITY NAME (If not Institution, give	Street and number) LENTER ENATERCA HOSE	TIM	0.1	mor location of di make, w	MARYLANT	9c. COUNTY	OF OEATH
	ынестон	PRESIDENCE OF DECEDENT 108. STATE 10b. COUN MARYLAND	BALTIMORE						10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☐ (NO
^		10a. STREET AND NUMBER		1		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	FUNERAL	3 COBBLESTONE C				212			USA
	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? IF YES, GIVE WAR OR D. WWII-N.	2 NO	if yes	DECENDENT OF HISPAI apecify Cuban, Maxico ES 2 NO Specif			RACE — American Indian, Black, White, atc. Specify: WHITE
	ETED	15. DECEDENT'S ED (Specify only highest grad Elemantary/Secondary (0-12)	UCATION de completed) Collega (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during		16b. KIND OF BU		RY
ಚ	COMPL	8		D	RIVER		TAX	KI CAB	
ed at onc	BE CO	17. FATHER'S NAME (First, Middle, Last) ISAAC FOX			5-10- F273	E	ME (First, Middle, Malden CANNIE BRAF	IM	
e notifie	2	198. INFORMANT'S NAME (Type/Print) MRS. RUTH H. FO		3 CC	BBLEST	ONE CT., A	APT. 2A BA	LTIMOR	E, MD 21215
nust b		20 METHOO OF OISPOSITION 1 Durial 2 Cremation 3 Re 4 Donation 5/ Other (Specify)	moval from Stata	other place)		cemetery, crematory or		CATION — City	
medical examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE L	Itellua	BNAT	S				
any injury, or other traumatic event, the medi	CERTIFICATION	23-PART IVEntar the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, above, or heart sellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Oue to (or as a consequence of):							
shows	MEDICAL	PART II. Other significant condition	ons contributing to death b	out not reaulting	in the underl	ring cause given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (C	neck only one)		
9	IYSI	1 TYES 2 NO 27. MANNER OF DEATH	Inpalient 2 ER/Out	petiant 3 DOA	4 🗌 Nursing	forms 5 - Rasidanca		BI HIDY OCCUP	50
marked,	у РНУ	1 Natural 5 Pending	(Month, Day, Year)		JURY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCUR	E0
28 is	ETED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide detarmined	Could not be Call of the country Call						Rural Route Number,
IMPORTANT: If Item	COMPLE	ana)	SICIAN: To the beat of my know						luse(a) and manner as stated.
APORTA	8	29b. SIGNATURE AND TITLE OF CERTIF	1 (0. 7/m	nd		29c. LICENSE NU	Maer 3 7	29d. OATE SI	GNEO (Month, Day, Year)
	2	30. NAME AND ADORESS OF PERSON VESTRELLTA (D.	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	e, Print) TAVE H	EBREN GE	RIATRIC C	ENTER	HOSPITAL
		APR 17 1990 Jul	32. REGISTRAR'S SIGN	ATURE /					21215

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
PR1 71990

	1 - FOR STATE REGISTRAR	OF MARYLANI	D / DEPARTM CERTIFICA				GIENE G. NO.		**
	1. DECEDENT'S NAME (First, Middle, Last) THERESA BASS	FEI	NBER	26		2. DATE OF DEA	TH DAY 10		ME OF DEATH 2:27 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M 2	O 2 House now House A				A DATE OF BIRT	rн bar)1906		(State or Foreign achusetts
OR	9a. FACILITY NAME (If not institution, give street and numb Shady Grove Adventist						9c. COUN	Y OF OEATH Mont	gomery
DIRECTOR	10. STATE 10. COUNTY Maryland Montgomery		10c. CITY, TO	wn or Locat Silver	Spring			- 22	INSIDE CITY LIMITS? YES 2 \(\square\) NO
ERAL	100. STREET AND NUMBER 1121 University Boulev	ard. West	#414	10f.	20902			en of what o	
BY FUNERAL	11. MARITAL STATUS 12. WAS DE FORCES	CEDENT EVER IN U.S 7 1 1 YES 2 GIVE WAR OR DATES	ARMED NO	If yes, spe	ENDENT OF HISPAN scify Cuban, Mexican 2 X NO Specify	n, Puerto Rican, a	Ify Yae or No-	14. RACE — Ar Black, Whit Specify:	nerican Indien, ie, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-12) College (1-12)		Give kind of work in Do NOT use ret Housev	done during mod fred.)	N st of working		of business/indu	JSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Jacob Bass				18. MOTHER'S NAI	ME (First, Middle, I Borak	Maiden Surneme)		
TO B	10a INFORMANT'S NAME (Type/Print) Joel J. Bass		19b. MAILING ADD 27 She	eridan	Street,	N . E . ,	or Yown, State, Zip Washing	code) ton, D	. C. 2001
	20a. METHOD OF DISPOSITION 1 To Burlel 2 Cremation 3 Removal from St 4 Donation 5 Other (Specify)	ate 20b. PL.	ace of disposition of piecel Strael	N (Name of con L Congr	egation	Cemeter	ec. LOCATION — C y Wash:	ington	, D. C.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DONALD M.STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N.W., WASHINGTON, D.C.								
	23. PART I. Enter the diseases, or complication shock, or heart fellura. List only of IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ne csuse on each	lina.	enter the mo	da of dying, suci	n es cardiac o			Approximata intarval Between Onset and Death
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) S. ASPIRATION PNEUMONIA INDUITO (OR AS A CONSEQUENCE OF): PARKIN SON'S DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CI	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 ☒ NO						AVAIL COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\sum \) NO	
AN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	ack only one)			
IYSIC		nt 2 ER/Outpatie	N 3 DOA 4		e 5 🗆 Residence				
ВУ РН		ATE OF INJURY fonth, Day, Year)	26b. TIME OF	WO	PRY AT PRK? PES 2 NO	28d. DEŞCRIBE	HOW INJURY OCC	URED	
	3 Suicide a Could and by 28e. P	LACE OF INJURY — / uilding, etc. (Specify)	At home, farm, stree	t, factory, offic		28f. LOCATION City or Town	(Street and Number n, State)	or Rural Route I	Vurnber,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beautiful depth on the beaut								manner se stated.
BE	296. SIGNATURE AND TITUE OF CERTIFIER	ubers	MC)	DZ6			SIGNED (Mont	
5	30. NAME AND ADDRESS OF PÉRSON WHO COMPLETE		(ITEM 27) (Type, Prin	o F.	D26 s	Le Rol.	Goi	Then In	ig the

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HE		MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	ulia B	GAR	Ner		2. DATE OF DEATH MONTH DA	3 GO	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215 - 30 - 1650	5. SEX 6. AGE (III	5 % YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) (11 - 13 - 31) 8. BIRTHPLACE (State or Foreign			
OR	Bon Secours	HUSDITEL		96. CITY, TOWN OF Ba (to	LOCATION OF DE	ATH	9c. COUNTY OF	OEATH	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCATIO	ON			10d. INSIDE CITY LIMITS? 1 VES 2 NO	
FUNERAL D	100. STREET AND NUMBER	aka Ra	a d	101.	ZIP COOE	229	10g. CITIZEN OF	WHAT COUNTRY?	
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		olfy Cuben, Mexices	IC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No — 14. RAG Bla Spe	CE — American Indian, ck, White, atc.	
	3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during most	V of working	18b. KIND OF BUS	INESS/INDUSTRY	e lack	
COMPLETED	Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)		1	18. MOTHER'S NAI	ME (First, Middle, Malden	Surname)		
	Western Goo.	dman			Julia	Taulo			
) BE	19e, INPORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street an	d Number or Rural F	loute Number, City or Town	n, State, Zip Code)	, 213,29	
2	Kufus Ga	rner	///5	Wood	tington	Rd spt	-1A B	altered	
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remo		other piece)	ITION (Name of come	Forest	vet Ou	CATION - City or	Town, State	
7-10	21, SIGNATURE OF FUNERAL SERVICE LICE	Elisan		Mari	ADDRESS OF FAM	H. West Vahash	Ave		
	23. PART I. Enter the diseases, or c	omplications that caused list only one cause on a		ot enter the mod	is of dying, suci	ss cerdisc or respi	ratory errest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	nationly one ceuse on st	ach line.	VA				Onset and Death	
		DUE TO (OR AS A	CONSEQUENCE	"upl	me	walk			
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF		-115	1			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	1	14				
CE		l							
PHYSICIAN: MEDICAL	PART ii. Other significant conditions	contributing to death b	ut not resulting i	n the underlying	csuss given in	Part i. 24a. WAS AN PERFOF	IMED?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
2								10.44,5011	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL/	ACE OF DEATH (Ch	eck only one)			
YS	1 TYES 2 TNO	1 Inpatient 2 ER/Outp	atlent 3 DOA	4 - Nursing Home		8 Other (Specify)			
ву рн	27. MANNER OF DEATH 1 Partural 5 Pending 2 Accident Investigation	urel 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO							
8	2 Accident 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, etreet, fectory, office 28f. LOCATION (Street and Number or Rural Routa Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Routa Number, City or Town, State)								
COMPLET	one)	CIAN: To the best of my know						e(s) end manner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	rejedo,	n.	D.	29¢ LICENSE NUI	18 528 P	29d. OATE SIGNI	ED/Morph Own Harr	
0	30. NAME AND ADDRESS OF PERSON WITH			Print)			-		
	31. DATE FILED (Month, Day, Mary)	32 PROTESTEAR'S SIGN	A Gandell	,		· .			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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		notified at o	
-		r must be r	
non-mil	IIDVAII.	cal examine	
and an analysis of the	mation, of rea	nt, the med	
or the burning as	I to buildi, cri	numatic ever	
at the inne and	all riggierie pin	y Injury, or other traumatic	
	earn and Men	rs any Injury	
1000	are Dept. of H	em 23 shov	
Out of the second	ath with the Si	narked, or li	
ALIVAL OTHER THE CONTINUE OF T	hours after de	TANT: If Item 28 is marked, or Item 23 shows any Inju-	
ONE IN	within 72	TANT: If	

SOCIAL SECURITY NUMBER S. EXX S. AGE (in year size incriting) Freehold S. CONTON Control S. EXX S. AGE (in year size incriting) Freehold S. CONTON S. EXX S. AGE (in year size incriting) S. EXX S. EXX S. AGE (in year size incriting) S. EXX S. EXX S. AGE (in year size incriting) S. EXX S. EXX S. AGE (in year size incriting) S. EXX S. EXX S. EXX S. EXX S. EXX		st, Middle, Last)	R.	G	00CHAR	AN			Apr	OF DEATH	"1990		3. TIME OF 6:40	DEATH
Secondary (No. 1) Secondary (No. 1) College (14 or 5+) Secondary (No. 1							-		(Mont	h, Day, Year)	9	Country	1)	or Foreign
19. STATE MAD NUMBER 30.2 Lecanne Rd. 10. STREET AND NUMBER 30.2 Lecanne Rd. 11. MARITAL STATUS 11. WAS DECORDED TO THE U.S. ARMED 12. WAS STREET AND NUMBER 30.2 Lecanne Rd. 12. WAS STREET AND NUMBER 30.2 Lecanne Rd. 13. WAS DECORDED TO THE U.S. ARMED 14. WAS DECORDED TO THE U.S. ARMED 15. WAS DECORDED TO THE STATUS 16. Decorded (Control of the Status of the U.S. A. 17. WAS DECORDED TO THE U.S. ARMED 18. WAS DECORDED TO THE STATUS 19. WAS DECORDED TO THE STATUS 19. WAS DECORDED TO THE STATUS 11. WAS DECORDED TO THE S	Franklin	Squar		•	9						9c. COUN			
302 Leeanne Rd. II. MARTIAL STATUS PORCEST 1 YES 37 NO IF YES	10a. STATE	10b. COUNT					ATION				<u> </u>		LIMITS	?
Never Married 2 Married PROCEST YES X No BY VES, QUE WARD ON DATES 1 YES X 1 YES X 1 YES X 2 YES X 2 YES X 2 YES X 3			đ.			1		1					HAT COUNT	AY?
18. DECEDENT'S BUILD COCUMPTION 18. DECEDENT'S USUAL OCCUMPTION 18. DECEDENT 18. DECEDENT'S USUAL OCCUMPTION 18. DECEDENT 18. DECED	Never Married 2		FORCES?	YES 2X		If yes, s	pecify Cuben S 2 ENO	Specify:	, Puerto		or No—	14. RACE Black Specifi	, White, etc.	
16, MOTHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Mailton Sumeme) Pearley Stoll	(Specify of Elementary/Secondary	only highest grade	completed)	+)	Give kind of wor b. Do NOT use r	k done during n etired.)	TION nost of working		161	Carpe	enter	DUSTRY		
EVYOC R. GOOCharan 8037 N. Boundry Rd. DUndalk, Md. 21222 206. LOCATION — City or Town, State 21 Coremetton 3 Removal from State 22 Control of Disposition (Name of cametary, cromatory or Oak law no Complete (Specific Complete) 23 PART I. Conter the discesses, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, inches or condition resulting in death) 23 PART I. Enter the discesses, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, inches or condition resulting in death) 24 PART I. Enter the discesses, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, inches or condition resulting in death) 25 PART I. Enter the discesses, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, inches or condition resulting in death) 26 PART II. Enter the discesses, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, inches or condition as a consequence of: 27 Accuse (Fine) 28 Equentially list conditions, if any, leading to immediate accused the death interest of the conditions of the cond	r. FATHER'S NAME (First, Herbert	Gooch	naran				Pe	arl	WE (First,	Middle, Malden Stoll	Sumame)			
Marting 2 Cremetion 3 Removel from State Oak Lawn Oa	Evroc R.	Gooch	naran		8037	N. Bo	oundr	y R		DUnda	lk,M	ld.2		
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. ACUTE MYOCARdial Infarction DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR A	Burtel 2 Creme Donation 5 Oth	tion 3 - Rem er (Specify)		other p	(ace)	Cemeta	AND ADDRESS	S OF FAC		BAl	timo	re,	Md.	
shock, or heert feiliure. List only one cause on each line. Interval Beh	4/	1/4/2	<u>H</u>											
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Acute Myocardial Infarcti								1 00 00				Intan	ai Betwe
PERFORMED? YES 2 NO														
EXAMINER? 1 YES 2 NO 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be Accoldant 28e. PLACE OF INJURY — At home, farm, street, factory, offics building, etc. (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offics building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offics City or Town, State)	if any, laeding to imm cause. Enter UNDERL CAUSE (Diseese or in thet initiated events	nedieta LYING njury	c		EOUENCE OF):									
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 28e. DATE OF INJURY At home, farm, street, factory, office building, etc. (Specify) 28b. TIME OF INJURY WORK? 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28d. DESCRIBE HOW INJURY OCCUREO 28d. DESCRIBE HOW INJURY OCCUREO	if any, laeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in deeth) LA	nedieta LYING njury	c	OR AS A CONSE	EOUENCE OF):	the underlyl	ing ceuse gi	iven in	Part i.	PERFO	RMED?	24b.	AVAILABLE ! COMPLETIO DF DEATH?	RIOR TO
3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, offics building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State)	If any, leeding to immocause. Enter UNDERL CAUSE (Disease or in the initiated events resulting in deeth) La PART II. Other aigniffs. 25. WAS CASE REFERRED EXAMINER?	nedieta Ying njury AST	d	o (or as a conse	EQUENCE OF):	28. DTHER:	PLACE OF DE	АТН (Сн	eck only o	PERFOI 1 YES :	RMED?	24b.	AVAILABLE ! COMPLETIO DF DEATH?	RIOR TO
	if any, leeding to immocause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in deeth) LAPART II. Other aignifit 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	nedieta YiNG njury AST cant condition TO MEDICAL	d	o death but not	EOUENCE OF): resulting in 3 □ DOA 4 28b. TIME	28. IV	PLACE OF DE	ATH (Chi	ack only o	PERFOI 1 YES :	RMED?		AVAILABLE ! COMPLETIO DF DEATH?	RIOR TO
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.	if any, leeding to immocause. Enter UNDERL CAUSE (Disease or in the initiated events resulting in deeth) Laurent initiated events. PART II. Other aigniffs 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicide 8	cant condition To MEDICAL Pending Investigation Could not be	d	Description of the control of the co	COUENCE OF): resulting in 3 □ DOA 4 28b. TIME	28. DTHER: Nursing H OF RY M 1	PLACE OF DE	ATH (Chi	8 Oth 28d. DE	PERFOI 1 YES : one) or (Specify) SCRIBE HOW	RMED?	CUREO	AVAILABLE I COMPLETIO DF DEATH? 1 YES	RIOR TO
29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Your) 10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Peter Lopresti, M.D. 9000 Franklin Square Dr. Baltimore 21237	If any, laeding to immodules. Enter UNDERL CAUSE (Disease or in the initiated events resulting in deeth) LAPART II. Other aigniffs 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Accidant 3 Suicide 8 4 Homicide 29s. CERTIFIER (Check only one) 2 MM	Pending Investigation Could not be determined	d	Description of my knowledge, of my knowledge, of	resulting in 3 DOA 4 28b. TIME INJUS	26. DTHER: Nursing Ho Page 1, 1 Nursing Ho Page 1, 1 Nursing Ho Page 26. If	PLACE OF DE DOME 5 Ret Ret NJURY AT VORK? YES 2 Rics	ATH (Chi	8 Oth 28d. DE	PERFOI 1 YES : 1 YE	INJURY OC	CUREO or Rural F	AMALABLE ICOMPLETION DF DEATH* 1 YES	RIOR TO

1	-	STATE REGISTRAF

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	RI	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF D	DEATH DAY	YEA	3. TIME OF DEATH
RUBY	EVA (GANTT			April			
		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH		IRTHPLACE (State or Foreign ountry)
243.10.3691	1 M 2 X F 8() YRS.	ONTHS DAYS	HOURS MIN.				rth Carolina
9a. FACILITY NAME (If not institution, give atre	eet and number)	9	b. CITY, TOWN	OR LOCATION OF DE			9c. COUNTY C	
North ARundel Ho	nenital		Glen B	urnie			Anna	ARundel
RESIDENCE OF DECEDENT	ospicai		gren p	arnie			Airie	ARunder
10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
Maryland Anne	Arundel	Gle	n Burn	ie				1 TYES 2 X NO
10e. STREET AND NUMBER			10	r. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
405 New Jersey A	venue			21061		_ L	U.S.	Α.
	12. WAS DECEDENT EVER FORCES? 1 YES			CENDENT OF HISPAN			r No- 14. F	RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			S 2 X NO Specify		, atc.)		Specify:
Δ. 1			1					White
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	(Give kind of wor	k done during m	ON ost of working	16b. KJN	D OF BUSI	NESS/INDUSTF	łY
Elementary/Secondary (0-12)	College (1-4 or 5+)							
	None	Seamstre	SS				41	ufacture
17. FATHER'S NAME (First, Middle, Last)	n ·			16. MOTHER'S NA		e, Maiden St		1
Harry	Brigg			Bet	4		Blizz	
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural				
Viola M. Briggs		339 Ga	tewate	r Court,	Apt. 2			urnie, Md.
20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove	val from State	b. PLACE OF OISPOSIT other place)	ION (Name of ce	metery, crematory or		20c. LOCA	ATION — City of	or Town, State
4 Donation 5 Other (Specify)		Loudon Pa				Balt	imore,	Maryland
21, SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			ND ADDRESS OF FA		OME		
A profes	V) 1/15	esons		LETON FUN			Clon R	urnie, Md.
shock, pr heart feliure. L IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	Card	ial F	Nfer	che	Σ.,	Interval Between Onset and Deeth
-	•							
PART II. Other significent conditions	e hear		the underlying the un	ng cause given in		NAS AN A PERFORM	NED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1.	26. I	PLACE OF DEATH (C)	heck only one)			
1 - YES 2 12-110	inpatient 2 ER/Ou			me 5 🗆 Residence				·
27. MANNER OF DEATH 1 Primural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY W	JURY AT PORK? YES 2 NO	28d. DESCRI	BE HOW IN	JURY OCCURE	: D
3 Suicide 8 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	IY — At home, farm, str ecfly)	eet, factory, off	ce		N (Street an wn, State)	nd Number or R	lural Route Number,
CONSCR OWNY	IAN: To the best of my kno							use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	deline			D 2 3	MBER 21	1	29d. DATE SIG	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO Basant Khandely	wal, M.D.	1600 Cra:	in Hwy				ırnie	,Md. 21061
APR 17 1990 Jul								

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE (1 - STATE REGISTRAR			MENT OF H		MENTAL HYGIEN			
	1. DECEOENT'S NAME (First, Middle, Last) William George Hoff					2. DATE OF DEATH DA	YEAR	3. TIME OF DEATN 8:51 P M	
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRT	NPLACE (State or Foreign	
	**	1 ☑ M 2 ☐ F 64 YRS. MONTHS DAYS HOURS MI					Coun	Maryland	
_	9e. FACILITY NAME (If not institution, give street and number				R LOCATION OF OE	ATN	9c. COUNTY OF	DEATN	
0	Baltimore Co. General	Randa1	lstown		Balti	more			
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
DIRECTOR	Maryland Baltimor	e		Baltimo	re			1 YES 2 NO	
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	3213 Richwood Ave.					207		States	
5	1 Manus Marriad 2 XXMarriad FORCES	EDENT EVER IN U.S. AF	RMED NO			HC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)	or No- 14. RAC Black	CE — American Indian, ck, While, etc.	
ВУ	3 Widowed 4 Divorced	IVE WAR OR DATES 1951-		1 TYES	2 Specify	r:	Spe	white	
	15, DECEDENT'S EDUCATION			SUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTRY		
Ē.	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4)	Illie	ive kind of wo i. Do NOT use	ork done during mo retired.)	st of working	Hachso	hild Ko	hn	
MPL	2 years	3	Manag	er Truc	king Co.	Nochse			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Meiden	Surneme)		
BE	Harrison D. Hoffman		and the second			a Leister			
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town Baltimore		207	
	Mrs. Lenora Hoffman			Richwood	AVE.		CATION — City or 1		
	1 Burlel 2 Cremation 3 Removal from Sta 4 Donation 5 Other (Specify)	te other p	lace) Car	roll Cre	emation S	Service H	ampstead	, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	CILITY							
	Dohn K Ay	7		Lor: 8728	ing Byers	Funeral l	Home	wn, MD 21133	
	23. PART I. Enter the diseases, or complications that caused tha daeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approxi								
	ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final								
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Common Cutter								
NO	Sequentielly list conditions, OUF TO (OR AS A CONSEQUENCE OF)								
AT.	oue to (or as a consequence of): If eny, leeding to immediate cause, enter UNDERLYING								
윤	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST			ye e	THE WAY				
2	PART ii. Other significant conditions contributi	ng to death but not	regulting in	the underivin	ceuee given in	Part I. 24s, WAS AN	ALITOPSY 2	Ib. WERE AUTOPSY FINDINGS	
CAL	TAIT II. Other significant contains	ng to douth but not	recording in	the underlying	g couce givan in	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC						1 TYES 2	ZNO	OF DEATH?	
Σ						—	1	1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL.	****		28. PI	ACE OF DEATH (Ch	eck anly one)			
SIC	EXAMINER? 1 YES 2 NO 1 Inpetier	L; t 2 ER/Outpatient		OTHER:	e 5 🗆 Reeldence	8 Other (Specify)			
Ϋ́		TE OF INJURY onth, Day, Year)	28b. TIME	OF 28c. IN.		28d. DESCRIBE NOW	NJURY OCCURED		
BYF	1 Netural 5 Pending 2 Accident Investigation	and, bay, low,			YES 2 NO				
	3 Suicida 8 Could not be 28e. PL	ACE OF INJURY — At h liding, etc. (Specify)	ome, farm, at	reet, factory, offic	•	281, LOCATION (Street City or Town, State)		f Route Number,	
	4 Homicide determined								
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the I								
Š	one) 2 MEDICAL EXAMINER: On the bas	is of examination end/or	Investigation	, in my opinion, o	eath occured at the	time, deta end piece, er	nd due to the cause	e(e) end menner se stated.	
BE (296. SIGNATURE AND TITLE OF CERTIFIER	· / m	D		29c. LICENSE NU	MBER	29d. DATE SIGNE	(Morth, Day, Year)	
2	20 NAME AND ADDRESS OF PERSON WALL COME	COURS OF PEATH IT	EM 27) (3-	Delett	N38	504	7//	6/10	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	Lill In	1/2/) (1/90	ester	- h	10 21	136	16	
	31. APR1 71990" gual	STRAR'S SIGNATURE	2						

TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 12 hours after death with the State bett. State bett. State bett. State bett. State bett. State bett. Or establish and Mental Hygines prior to build, cremation, or removal. Beneficial examines must be analyzed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 17 pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
INTURNAL II INTER SO INTER SO STORE AND INTERS OF SOUTH AND INTERS.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, BABY 6-1	Middle, Last) R. L	HEAT	H-	4					2. DATE OF I	D	AY 2	YEAR O	3. TIME OF DEATH 41.25 A M
4. SOCIAL SECURITY NUMB		5. SEX		yrs, last birthday	day) IF UNDER 1 YEAR IF UNDER 24 HRS.			24 HRS.					IPLACE (State or Foreign
		1 M 2 PF		YRS.	BACALTING		HOURS	MIN.	(Month, Da		90	Count	(y)
9a. FACILITY NAME (If not int	stitution, give s	treet and number)			9b. CI	TY. TOWN	OR LOCATE	34 ON OF DE		-		NTY OF E	RYLAND
UNIVERSIT			'ጥልፐ.				IMORE				-		
RESIDENCE OF DEC	EDENT		IAU					, С1.					
10a. STATE	10b. COUNTY	1		10c. C	ITY, TOWN	OR LOCA	ATION						10d. INSIDE CITY LIMITS?
MD.				В	ALTI								1 YES 2 NO
10e. STREET AND NUMBER						1	of. ZIP COD				10g. CIT		WHAT COUNTRY?
410 MANSE	COURT	12. WAS DECEDEN	IT PUPP IN I	10.40450	1		2120		WA ADMONIA (A	14 . 37			S.A.
1 Never Married 2	Married	FORCES? 1	YES	2 NO	1 1	If yes, s	pecify Cuba	n, Maxica	NIC ORIGIN? (S in, Puarto Ricai	n, atc.)	or No	Blac	E — American Indian, k, White, etc.
3 Widowed 4 Divo	rced	IF YES, GIVE V	MAR OR DATI	ES		1 📋 YE	S 2 NO	Specifi	y:			Spec BI	ACK
	EDENT'S EDU		1	6a. DECEDENT	'S USUAL	OCCUPAT	ION		16b, K/N	D OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT	use retired	e aunng n	nost of worki	ng					
17. FATHER'S NAME (First, Mi	iddle, Last)			1111			16. MOT	HER'S NA	ME (First, Middl	le, Malden	Surname)		
							V	NES	SA HEAT	ГН			
19a. INFORMANT'S NAME (7) VANESSA HE									Route Number, ((o Code) 2 0 1	
									inord,				
20a. METHOD OF DISPOSITI 1 ☐ Burlal 2 ☐ Crematio 4 ☐ Donation 5 🔁 Other	n 3 🗆 Rem			PLACE OF DISP other place)	OSITION (Name of c	emetery, crer	natory or		20c. LC	CATION -	City or T	own, Stata
21. SIGNATURE OF FUNERA			-		2 2	2. NAME	AND ADDRE	SS OF FA	CILITY				
	NIL	11/1/	4	17-9	10						7 T MO	241	21201
1 san	arg	1100 M	uc										0. 21201
23. PART I. Enter the di shock, or he		complications the List only one car			not ent	er the m	ode of dy	Ing, suc	h as cardiac	or reap	iretory a	rrest,	Approximate Interval Between
IMMEDIATE CAUSE (Findisease or condition	al		0	مسو ،	> n -		1-1	5 , 4	~				Onset and Death
resulting in death)		. EXT											
		5 4	DE 16	L	200	. 1	- 77) 1.	11011	FI	11		
Sequentially list conditi	lona,	b. OUE TO	OR AS A	CONSEQUENCE	07:	RC	,,		777-1	-	27		<u> </u>
if any, leading to imme cause. Enter UNDERLYI	diate ING	REN	144	FAC	LU	DSURE TO VARICECLA.							
CAUSE (Disease or Inju	iry	DUE TO	RENAL FAILURE DUE TO (OR AS A CONSEQUENCE OF):										
resulting in desth) LAS	Т	a RESP	IRATI	ORY	115	TRE	ZESS SYNDROME						
PART II Other election	nt opedition	a contribution to	death had	t ant social-	a la the	undort-	na cous-	alue- I-	Bart I I a.		LAUTORCE		b. WERE AUTOPSY FINDINGS
PART II. Other significa	nit condition	E CONTRIBUTING TO	J GERTH DU	L ADL TERUTION	A iu rue	чпаепуі	ny cause	Aiseu iu		PERFO		24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									- 1	YES	2 NO		OF DEATH?
													1 YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL					26	PLACE DE S	DEATH (C)	neck only one)	-			
EXAMINER?	- MEDICAL	HOSPITAL:	□ co /~	Hant 3 🗆 DOA	ОТН	ER:				naalh i			
27. MANNER OF DEATH		28a. DATE O		28b. 1	IME OF	_	NJURY AT	esidence	a Other (S)		INJURY O	CCURED	
1 Natural 5	Pending		Day, Year)		INJURY M	٧	VORK?	NO					
2 Codette	Investigation	28e. PLACE	OF INJURY -	- At home, farm	n, street, f	actory, of	lice					er or Rural	Route Number,
	Could not be determined	building	, etc. (Specif)	y)					City or T	own, Stete)		
29a, CERTIFIER	TIFYING PHYS	ICIAN: To the best o	of my knowle	dge, death occ	urred at th	e time de	te and niev	e, and de-	to the cause/	a) and me	nner se et	ated.	
One)													(a) and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	R /					290 110	ENSE NU	MAFR		294 DA	TE SIGNE	D (Month, Day, Year)
Martin	1. K	eller ,	MA					347	Trans. A		•		02 90.
30. NAME AND ADDRESS OF	F PERSON WI	10 COMPLETED CAL	USE OF DEAT	TH (ITEM 27) (7)	vpe, Print)		-						_ (0
MARTIN KE	=114	22.5			ST		2 11	T1 100	DEE	. V	W	21	3 6 1
) }	26.0	. GRE	ENE	31	Α	046	ICPM	DEL	1		-	201.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notitied at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			NE OF DEATH
Ronald		Har	ris		ADT	il 10		AR 1	0:12 A M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (I	n yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8, 8	BIRTHPLACE	(State or Foreign
220 0 1 2007	1X M 2 □ F 32	YRS.	HTHS DAYS	HOURS MIN.		-22-57		Md Md	•
90. FACILITY NAME (If not institution, give stre				R LOCATION OF D			9c. COUNTY	OF DEATH	
Maryland Gener	al Hospita			ore Ci	ΣУ				
Md .			alt .	TON					NSIDE CITY JIMITS?
10e. STREET AND NUMBER				ZIP CODE			10e. CITIZEN		YES 2 NO
1807 Division	St.			21217			US		
11. MARITAL STATUS 1. XNever Merried 2	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexico 2 XNO Specifi	en, Puerto 1			Black, White Specify:	nerican Indien, a, etc.
	TION	44- DECEDENTIA HA	IIAL GOODINATIO		401	V 10 0 - 10 10 10 10 10 10 10 10 10 10 10 10 10		Black	
15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondery (0-12)	college (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo		166	. KIND OF BUSIN	iess/indust	RY	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, I	Middle, Maiden Su	rname)		
Donald Harris				Franci	ne Jo	ordon			
190. INFORMANT'S NAME (Type/Print)		196. MAILING AD	ORESS (Street a	nd Number or Rural	Route Numi	ber, City or Town,	State, Zip Coo	ie)	
Francine Harri				d Avenue	, Ba			21217	
20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Removed 4 Department 5 Other (Specify)	val from State	other place) King Mem	Pk.	netery, cremetory or			allsto		
21 IGNATURE OF FUNERAL SERVICE LICE	nsee		March	n F/H We Wabash	st				
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	umon Cordos						
PART II. Other aignificant conditions	contributing to death b	ut not resulting in	the underlyin	g ceuse given in	Part i.	24e, WAS AN AN PERFORM	ED?	AVAIL COME OF D	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (C	heck only or	ne)			
1 TYES 2 10 NO	1 Inputient 2 X ER/Outp	atlent 3 DOA 4	☐ Nursing Hon	ne 5 🗆 Residence					
27. MANNER OF DEATH 1 🔯 Natural 5 🔲 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C		PRK?	28d. DE	SCRIBE HOW IN.	JURY OCCUR	ED	
2 Accident Investigation 3 Suicide S Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— Al home, farm, stre			26f. LOC City	CATION (Street an or Town, State)	d Number or F	Rural Route I	lumber,
one)	IAN: To the best of my know :: On the beste of examination	n and/or investigation,	in my opinion, o		e time, dete	and place, end			
(1No	rollely	un 1	ND.				•		
30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, "Day, Year) APR 1 7 1990	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	rint)						

HYSICIAN: The law requires that the death certificate be executed within a finant after death. Page 6 may be retained by the hospital or attending physician, the tandening physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 shou with the page 10 purple, or the page 10 purple prior to burlat, cremation, or removal. It is also been signed by the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit.

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTA	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle,	RUSTON E.	Holley			2. DATE MONTE		90	3. TIME OF DEATH
4. SOCIAL SEWRIE: NUMBER 223 / 8 3849 9e. FACILITY NAME (If not institution,	5. SEX 6. AGE	(In yrs. last birthday) # Moi	UNDER 1 YEAR NTHS DAYS L CITY, TOWN O	HOURS MIN.	(Month	of BIRTH 1, Day, Year) -25-20	8. B	PRITHPLACE (State or Foreign ountry) V d . DF DEATN
Lock Raven V.			Balto					
Md.	YTAU		ons vil	e,				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
307 Suter	Rd. Apt. A		10f.	21228		1	USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Narried 3 Widowed Wivorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, spe	ENDENT OF HISPA cify Cuben, Mexica 2 NO Specif	nn, Puerto I			RACE — American Indian, Black, White, atc. Specify: Black
15. DECEDENT'S (Specify only highest Elementary/Secondery (0-12)	B EDUCATION grade completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done durina moi	N t of working	18b	KIND OF BUSIN	ESS/INDUST	RY
17. FATNER'S NAME (First, Middle, Las				18. MOTHER'S NA	ME (First, I	Middle, Maiden Su	rname)	
George T. Ho				Oliv		Fitzger		
Mildred C. Ho	olley	307 St	uter Ro			atonsvi	lle, M	ld. 21228
20a. METNOD OF DISPOSITION 1X Suriel 2 Cremetion 3 4 Donation 5 Other (Specify, 21. SIGNATURE OF FUNERAL SERVI	Removal from State	other pigoo) Garriso	on Fore		st			or Town, State
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	ail	VIC				
PART II. Other algorificent con OSTCOMO PROSCOCO PROSCOCO OSTCOMO	lacia	but not resulting in t	the underlying	ceuse given in	Part I.	24s. WAS AN AL PERFORM 1 YES 2	E02	24b. WERE AUTOPSY FINOING AMILLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			ACE OF OEATH (C	heck anly or	ne)		
1 TES 2 NO	1 Dippetient 2 - ER/O	ripetient 3 DOA 4		5 - Residence	_			
27, MANNER OF DEATH Natural 5 Pending 2 Accident investig:			Y WO	JRY AT RK? 'ES 2 NO	28d. DE	SCRIBE HOW INJ	URY OCCUR	ED
3 Suicide 6 Could n 4 Homicide determin	or be building, etc. (St	RY — At home, farm, streedily)	et, fectory, offic			ATION (Street and or Town, State)	Number or F	lural Route Number,
one)	PNYSICIAN: To the best of my kno AMINER: On the best of examinat							use(s) and manner ee stated
296. SIGNATURE AND TITLE OF CER	Talve m	(2)		29c. LICENSE NU	MBER	2	Ped. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO	Wagner	225 G	int)	S+B	al-	+ MD	15	207.
31. DATE FILED (Month, Day, Year)	3) RÉGISTRAPS SIG	n Andres						

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be acted about with the Character and Mental Molecula Montal Molecula Mental Molecula	t nows are court and the case copy, or recent and injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this cer	IMPORTANT: If Item 28 is marked,

	REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)		CEI	RIFIC	ATE OF	DEATH	REG. N	0.		3. TIME OF DEATH
П	ETTA	HAF	RVEY				MONTH 4 1:	DAY 3	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 226-01-0780	5. SEX 8. 1 \(\bigcap M 2 \(\bigcap F \)	AGE (In yrs. lest t		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11 2	2 07	8. BIRTH Countr	
	9e. FACILITY NAME (If not institution, give st 5717 Park Hants			_	Balto	DR LOCATION OF D			INTY OF D	
	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY				OWN OR LOCAT					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			Bal		. ZIP CODE	·	1107		1 VES 2 NO
ĺ.	5717 Park Hghts					21215			JSA	<u>.</u>
	11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEOENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	ED)	If yes, sp		NIC ORIGIN? (Specify \ nn, Puerto Rican, etc.) 'y:	ea or No—	14. RACI Black Speci B I d	E — American Indian, c, White, etc. fly: . C K
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Ghe	EDENT'S US a kind of worl Do NOT use n	UAL OCCUPATION done during mostired.)	DN st of working	16b. KIND OF B	USINESS/IN	OUSTRY	
	17. FATHER'S NAME (First, Middle, Last) James	0akes				18. MOTHER'S NA Matt	ME (First, Middle, Maid I C	en Surname)		//L
	19m. INFORMANT'S NAME (Type/Print) Goldie Tunney		19b.				Poute Number, City or T			d. 21215
20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)				ar H	ill Cem		P	nne A		el Co., Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC		22. NAME A Marc 4300	h F/H We Wabash	est Ave.					
	23. PART I. Enter the diseases, or cahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause		Car			th as cardiac or res		rrest,	Approximata interval Between Onset and Desth
Sequentielly list conditions, if sny, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
	PERFORMED? 1 YES 2 NO COMPLETION OF OF DEATH?								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	PART II. Other significant condition									1 YES 2 NO
	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 □ NO	HOSPITAL:	R/Outpetient 3 (THER:	LACE OF DEATH (C	heck only one)			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inputtent 2 E 28a. OATE OF IN. (Manth, Dey,	JURY		OF 28c. IN.		_		CCURED	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inputient 2 E	JURY Year)	26b. TIME (OTHER: Nursing Honor Property M 1	ne 5 (Presidence	heck only one) 6 Other (Specify)	W INJURY O		1 VES 2 NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN REG. NO	E	
1	1. DECEDENT'S NAME (First, Middle, Last) Beatrice HYAT	T	185			2. DATE OF DEATH	, 199ď	3. TIME OF DEATH 9:52 P M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
	220-18-1868	1 🗌 M 2 💢 🗜	89 yas.	MONTHS DAYS	HOURS MIN.	reb.21,		Country) MAryland
E E	Franklin Squa		al	9b. CITY, TOWN	ROSSV11		Balti	
ត្ត	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
DIRECTOR	Md.	Baltimor	е ""	.,	Midd	le River		LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 5 Brett Coul	rt Apt.204		1	of. ZIP CODE 21	220		OF WHAT COUNTRY? USA
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			CENDENT OF HISPAN	IIC ORIGIN? (Specify Year)	or No- 14.	RACE — American Indien, Black, White, etc.
à l	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I			S 2 NO Specify			Specify: White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of a life. Do NOT us	vork done durina n	TION nost of working	16b. KIND OF BU	SINESS/INDUST	FRY
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)		ewife				
NO.	17. FATHER'S NAME (First, Middle, Last)	1	1		16. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	A 3
BE (Edward Rober	ts ————————————————————————————————————				este Bau		
2	19a. INFORMANT'S NAME (Type/Print)		the second and the second			Route Number, City or Tow 1to. Md.		
	Shirley Watki	20	b. PLACE OF DISPOS					or Town, State
1	1 Deuriel 2 Cremation 3 Remo	oval from State	other place) Holly H			В	Alto.	Md.
	21. SIGNAPURE OF FUNERAL SERVICE LIC	ENSEE	(1		ANO ADDRESS OF FA			0.1001
_	Connelly	unital	Hom	Conr	nellyFun	eralHome	300MA	ceAve.21221
	23. PART I. Enter the diseases, or c shock, or heert fallers. I	omplications that cause List only one cause on	ed the death. Do neach line.	not enter the n	node of dying, suc	h aa cardiac or reap	iratory errest	
	IMMEDIATE CAUSE (Final disease or condition	Inferior	Wall Myou	rardial	Infarcti	nn		Onset and Death
	resulting in death)	P	A CONSEQUENCE O		Intarcer			
Z	Sequentially list conditions,	ů						
¥	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):				
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):				
CERTIFICATION	resulting in death) LAST	d						
AL C	PART II. Other significant condition	s contributing to death	but not resulting	In the underly	ing cause given in	Part I. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20						1 YE\$	V	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC						_		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (Ch	mark antis anni	-	
Sici	EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:	ome 5 Residence			
ž	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Tik	E OF 28c. I	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED
ВУ	1 Natural 5 Pending 2 Accident Investigation		127	M 1	YES 2 NO			
	3 Suicide a Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, ecify)	street, factory, of	fice	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	(Check only	CIAN: To the best of my kno			W-00-60 - HOLDE			:ause(e) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	* - 0	0		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
BE		I. BS.	harac					/12/90
5	30. NAME AND ADDRESS OF PERSON WH Ibrahim Bshara				in Sa Dr	., Balto.		21237
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	ENATURE	TIGHNI	III JU. DI	. , Duitu.	riu.	LILUI
	APR1 71990	Jaka Davidson	D. J. an 1					

3. TIME OF DEATH

1 YES 2 X NO

Approximata Interval Between Onset and Death

years

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

21704

COTTAGE UN- TOWSON

days

White

1:25 a

permit. Pages 1, 2, 3 should

for use as the burial-transit

STATE REGISTRAR

1 -

executed within law requires that the death certificate be HOSPITAL OR ATTENDING PHYSICIAN: The r this certificate h DIRECTOR: After the hours after death w TO THE FUNERAL D be filed within 72 ha IMPORTANT: If It

BE

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불분일

29b. SIGNATURE AND TITLE OF CERTIFIER

lince mis)-

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1635

32. REGISTRAR'S SIGNATURE whia Davidson Randell

DEARCE

Crais

APR1 7 1990

CRAIG

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) HICKS Wanda Carroll April 14. 1990 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH NOON DOI 202 1914 6. BIRTHPLACE (State or Foreign County ennessee IF UNDER 24 HRS. 75 YRS. 415-22-6512 MONTHS DAYS HOURS 1 🗌 M 2 🗗 🗡 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH ROSSVIlle 9c. COUNTY OF DEATH Franklin Square Hospital DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
Clarksville 10h COUNTY Tenn 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 930 Oak Street USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 TYES 2 T NO Specify: BY 3 Widowed 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) 8 th College (1-4 or 5+) Housewife COMPL director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Emory Carroll at Laura Hicks BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City of Town, State, Zip Code)
930 Oak Street Clarksville Tennessee 2 Noah Hicks be 204. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometey, cremetory of KerenburgFreewillBap/Ch.Cem 20c. LOCATION — City of Town, State
Tennessee must 1∆ Burial 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) Balto. Md.21221 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral Connelly Funeral Home300MAceAve. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, the Accident disease or condition_ ereprovasaulin resulting in death) evenf, nertension 144 traumatic MEDICAL CERTIFICATION Sequantially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST 23 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO ent 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) b 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 2sd. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 Suicide 6 Could not be COMPLETED 28 4 Homicida Hem 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(s) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		t permit. Pages 1, 2, 3 should		
הארווייים איני ואחוראוי איניים	irs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-trans removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Deat, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL	HYGIENE REG. NO.			
	t. DECEDENT'S NAME (First, Middle, Last) LTLLTAN	HELINSKI	7			2. DATE O MONTH	DE DEATH DAY			TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		rs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE O	F BIRTH	8.	BIRTHPL	ACE (State or Foreign
	213 → 01 → 9697 9a. FACILITY NAME (If not institution, give str	1 M 2 F 84	YRS.	THS DAYS	HOURS MIN.	08-1	5 → 1905		country) Polo	ınd
DIRECTOR	Good Samaritan H				nore Cit			SC. COUNTY	OF DEAL	
	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION				10	d. INSIDE CITY
LDIR	Maryland Balt	imore	Di	undalk	ZIP CODE			44 0171754	1	TES 2X NO
BA	7513 School Avenu	ie		101	21222			Pola		T COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2	2 NO	If yes, sp	ENDENT OF HISPAR ocity Cuban, Maxica 2 NO Specifi	n, Puerto R	(Specify Yea (ican, atc.)		RACE — Black, W Specify:	American Indian, Inita, etc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	ia. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mo		16b.	KIND OF BUSI	NESS/INOUS		writte
2	5th Grade	College (1-4 or 5+)	Homemal	,			Own t	lamo		
Š	17. FATHER'S NAME (First, Middle, Last)		потели	CEZL	18. MOTHER'S NA	ME (First, M			:	
BE	Joseph Kulesza		Υ		Kather					
2	190. INFORMANT'S NAME (Type/Print) Raymond Helinski		POR THE STATE OF		nd Number or Rural					222
	20a, METHOD OF DISPOSITION	20b. Pf	LACE OF DISPOSITIO			but		ATION - City		
	1 Burial 2 Cremation 3 Remo	0.01	hor place) Stanisle	us Cer	netery 4	/17/9	0 Bal	timor	e. N	D
	21. SIGNATURE OF UNERAL SERVICE LICE	ENSEE		Duda:	Ruck Full Wise Av	neral	Home	of Du	ndal	k, Inc.
	23. PART I. Enter the diseases or contained the second sec	omplications that caused the list only one cause on each of the list only one cause on each of the list of the lis	line.	enter the mo	de of dying, suc	th aa card	iac or respir	atory arreat	ł.,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOR AS A CO								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	s contributing to death but	not resulting in the	he underlyin	g cause given in	Part I.	24s. WAS AN A PERFORI 1 YES 2	AED?	A CI	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 Pi	ACE OF DEATH (C)	back anh an	-1		ļ	
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	e 5 🗆 Residence					
ž	27. MANNER OF GEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c, IN,	URY AT		CRIBE HOW IN	JURY OCCUP	REO .	
ВУ	1 Natural 5 Pending 2 Accident Investigation	0.000	Will be a second	M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	it, factory, offic	•		ATION (Street as or Town, State)	nd Number or	Rural Rou	te Number,
COMPLETED	enel -	CIAN: To the best of my knowled R: On the basis of examination a								nd manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER	T	29d. DATE S	IGNED (M	fonth, Day, Year)
0	m, a Hanlor	n P64			>					
임	30. NAME AND ADDRESS OF PERSON WHO		44	1511	0					
	31. DATE FILED MANUFOR UND	A propertion of the second		MAL	- /SAz	nn	nor	6		
	APKI 1930	0								

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age 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

permit.

burial-transit

for use as the

detached

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director, page 5 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

0	700	
D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. P	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral place distribution, or removal.	
after	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi e fied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CECELIA HARTMAN Ι. 4 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 8. AGE (in vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 212.09.086 10-26-00 MARYLAND 1 M 2 XF 89 VRS 9a. FACILITY NAME (If not institu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE 816 S. MILTON AVENUE DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY
LIMITS?
1 YES 2 NO 10c. CITY, TOWN OR LOCATION 10b. COUNTY BALTIMORE MARYLAND 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? FUNERAL USA 816 S. MILTON AVENUE 21224 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) 8 YEARS HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Surname) MARGARET ROBERTS JACOB HARTMAN BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 S. MILTON AVENUE BALTO. MD. 21224 JACOB KUEBEL must be 20e. METHOD OF DISPOSITION

1X Burlel 2 Cremetion 3 Re 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State ČÄRMEL CEMETERY BALTO. MD. 2124 4 Donation 5 Other (Specify) 21 SIGNATURE OF FUNERAL SERVICE examiner KACZURUWSKI FUNERAL HOME 2525 STREET BALTO. MD. 21224 mma medical 23. PART WEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart fallure. List only cause on each line. Interval Between Ongat and Death IMMEDIATE CAUSE (Final the disease or condition_ event, resulting in death) IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, laading to immadiate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TNO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY Natural 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a Could not be BE COMPLETED 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner es stated. 2 MEDICAL EXAMINER: On the itigation, in my opinion, death occured at the time, date end place, and due to the cause(a) and menner as stated

CAUSE OF DEATH (ITEM 2) (Type,

Like

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Page 1 to the second

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Gretchen Matilda F	larrison		2. DATE OF DEATH MONTH April 14	, 1990 ^{AR}	3. TIME OF DEATH 9:35 pm m		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AI 215-22-3782 1 M 2 F		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 20, 1	.911 6. BIRT	HPLACE (State or Foreign stry) aryland		
OR BO	9a. FACILITY NAME (If not institution, give street and number) 8114 Glen Gary Road RESIDENCE OF DECEDENT	91	Baltimore	EATH	9c. COUNTY OF Baltimo			
DIRECT	100. STATE 100. COUNTY Md. Baltimore	UNTY 10c. CITY, TOWN OR LOCATION						
FUNERAL DIRECTOR	100. STREET AND NUMBER 512 Glen Granite Roa	ad	101. ZIP CODE 21136	5		WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 TNO	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic. 1 YES 2 NO Specify	nn, Puerto Ricen, atc.)		CE — American Indian, ck, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) 1.2		UAL OCCUPATION done during most of working stred.) LCAL Worker		ephone			
COM	17. FATHER'S NAME (First, Middle, Last) Hugo Striebel			ME (First, Middle, Malden	Sumeme) Schille	r		
Hugo Striebel 190. INFORMANT'S NAME (Type/Print) Faith E. Whiteley 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 8114 Glen Gary Rd., Baltimore, Md. 21234								
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specify)	Baltimore	on (Name of cemetery, cremetory or National Ceme	tery Ba	cation — city or altimore	Town, State , Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA Eckhardt F	uneral Char	el 1. Owin	21117 gs Mills, Mo		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	les Brear	Chul				
PHYSICIAN: MEDICAL CER	PART II. Other algoriticent conditions contributing to deel	h but not resulting in	the underlying ceuse given in	Part I. 24a. WAS AN PERFOI	PMED2	Ib. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C					
	1 PES 2 NO 1 Inpetient 2 ER/ 27. MANNER OF OEATH 29. DATE OF INJU (Month, Dey, Ve	RY 28b. TIME (Nursing Home Recidence OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURED			
TED BY	2 Accident	URY — At home, farm, stre Specify)	et, factory, office	26t. LOCATION (Street City or Town, State)		l Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my k					r(e) and manner as stated.		
TO BE CO	SIL NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH STEEL OF CO.	29c. LICENSE NU	2990		7.90		
	31. DATE FILED, (Month), Day, 1987) 32. REGISTRAR'S SAME David	tous	m hue 2	1204				

IMMEDIATE CAUSE (Final

disease or condition

resulting in deeth)

BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

31 DATE FILED (MC

												90		0330
	1 - FOR STATE REGISTRAR		STATE OF M					EALTH AN	ID MENT	AL HYGIEN REG. NO.				-
1	1. DECEDENT'S NAME (First, RALPH		ILIP		t	HE	RRIN		2. DA MOI APR		1990	YEAR		ME OF DEATH 0:00 A M
	4. SOCIAL SECURITY NUMB 254 - 40- 03		5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. In	st birthday) YRS.	MONTH	DER 1 YEAR	IF UNDER 24 H	(Mc	re OF BIRTH onth, Day, Year) 5, 19	29	8. BIRTH Count F1 o	ry)	E (State or Foreign
CTOR				'AL			BALTI	MORE	OF DEATH			NTY OF D		CITY
DIRECT				LIMIT					INSIDE CITY LIMITS? YES 2 X NO					
FUNERAL							1000	. ZIP CODE 1061			10g. CIT		WHAT (COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 XX 3 Widowed 4 Divo	-	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	X YES 2	2 NO If yes, specify Cuban, Maxican, Puer						le, etc.			
PLETED		EDENT'S EDU highest grade) (0	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) System Analyst Civil Service						e			
E COMPL	17. FATHER'S NAME (First, M		win Herr	in				18. MOTHER		nt, Middle, Meiden anche		niel		
TO B	Jean M. Hen		la .	11	b. MAILIN	b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as #10								
	1 X Burial 2 Cremation 3 Removal from State oth			other p	vlece)			cemet			Wnsv			laryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE /	mesa	/	22. NAME AND ADDRESS OF FACILITY Singleton Funeral Home #1 Second Avenue, S.W. Glen Burnie, Md					. Md			
	23. PART I. Enter the d	seeses, or		caused the d	eath. Do	not er								Approximate

Sequentielly list conditions, if any, leading to immediate Cardipulmonthy ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TES 2 THO 1 YES 2 NO

Failur

Pangratic Cancer

25. WAS CASE REFERRED DO MEDICAL				eck only one)		
EXAMINER?	NO	HOSPITAL: 1 Pinpatient 2 ER/Outpetient 3 DOA	OTHE 4 Nu	R: irsing Home 5 🗔 Residence	8 Other (Specify)	
27. MANNER OF DE	ATH 5 Pending Investigation	28a. DATE OF INJURY (Mogth, Day, Year)	ME OF IJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED	
3 Suicide	6 Could not be determined	284. FLACE OF INJURY — At home, farm building, atc. (Specify)	, street, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

t DCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

Liver

DUE TO (OR AS A CONSEQUENCE OF):

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

296. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 40

ORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HH 32. REGISTRAR'S SIGNATURE

Onset and Death

	the hos	detach	once.
	etained by	should be	ptified at
	nay be re	, page 5	t be no
	Раде 6 п	director	ег шия
	r death.	ne funeral al.	ехатіг
	ours afte	in by the	nedical
	In 24 to	tely filled mation, o	I, the n
•	uted with	completing, crer	c even
	be exec	ician and ior to bu	raumati
	ertificate	ing physi	other t
	the	tend al Hy	ō
	the dea	y the att	Inluny,
	es that	gned br	s any
	w requir	been si	3 show
	The la	ate has	1 23
,	IAN	rtific he Si	07
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	END	Ter d	25
-	DR ATT	DIRECTL nours af	tem 2
1	TAL	3AL 1	H
	OSPI	UNEF	ANT
	포포	HE FI	ORT
	10	5 5	MP

,	FOR STATE REGISTRAR	TATE OF MARYLANE) / DEPAR CERTIF					ENTAL	HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH	С.	HA	+RA	NT		- 1.	2. OATE OF	DA	1990	YEAR 3	4:15 a M
	216 01 0502	SEX 6. AGE (In yrs 80	last birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER	MIN.	7. DATE OF (Month, FEB.	Day, Year)		Country)	ACE (State or Foreign O. MD.
OB	90. FACILITY NAME (If not institution, give street FRANKLIN SQUARE HO					R LOCATIO	MD.	тн			ty of dea timoy	
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND BALTIM	10F		y, town o		ION						0d. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER 5611 EAST AVENUE	OKE	_ DA.	BILIK		2120				10g. CITIZ		AT COUNTRY?
BY	11. MARITAL STATUS 12. 1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Olvorced	Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben,					, Mexicen,	Puerto Ric		or No	14. RACE - Black, \ Specify: WHITI	- Americen Indien, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12) Compared to the compared	pleted)	DECEDENT'S (Give kind of life. Do NOT u	work done (se retired.)			g	16b. F	AT	HOME		
ш	17. FATHER'S NAME (First, Middle, Last) EVERETT CHANEY				= 11	AN	INA	SOEL				
TO B	19a, INFORMANT'S NAME (Type/Print) PHILIP HARANT		5701	EAST	AVEI	NUE E	or Rural Ro	MORE	, City or Town	2120	Code)	
	20e. METHOD OF DISPOSITION 1 by Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State oth	CE OF DISPO or place) LY RED	EEMEI	R CE	METER	RY			ALTIM		
	21. SIGNATURE OF FUNERAL SERVICE LICENS Martin J. D	ppil, J.]	DIPP	EL FU		L HO	ME, I BALTI		MD.	21206
	23. PART I. Enter the diseases, or com ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		line.			da of dyi	ng, such	as cardi	ac or reapi	ratory arre	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Coronary Va DUE TO (OR AS A CON SEPSIS	vascu	lar c								
MEDICAL CER	PART II. Other significant conditions of		ot resulting	In the ur	nderfylns	3 cause g	given in F		24a. WAS AN PERFOR	MED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:		OSPITAL:	= 2 □ DO4	OTHE	R;			ck only one				
BY PHYS	27. MANNER OF DEATH 1 XNatural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TJ	_	28c. INJ WO			8 Other 28d. DESC	CRIBE HOW I	NJURY OCC	CUREO	
03	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — / building, etc. (Specify)	At home, farm,	street, fac	tory, offic	•			TION (Street Town, State)		or Rural Ro	ute Number,
COMPLET	(Check only	N: To the best of my knowledg										and manner as stated.
BEC	296. SIGNATURE AND TITLE OF CENTIFIER	The state of the s				29c. LICI	ENSE NUM	BER				Month, Day, Yber) 1 14, 1990

9000 Franklin Square Dr.

21237

E AND AOORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jonathan Hibbs,

PR1 71990

M.D.

32. REGISTRAR'S SIGNATURE.

January Company Comp

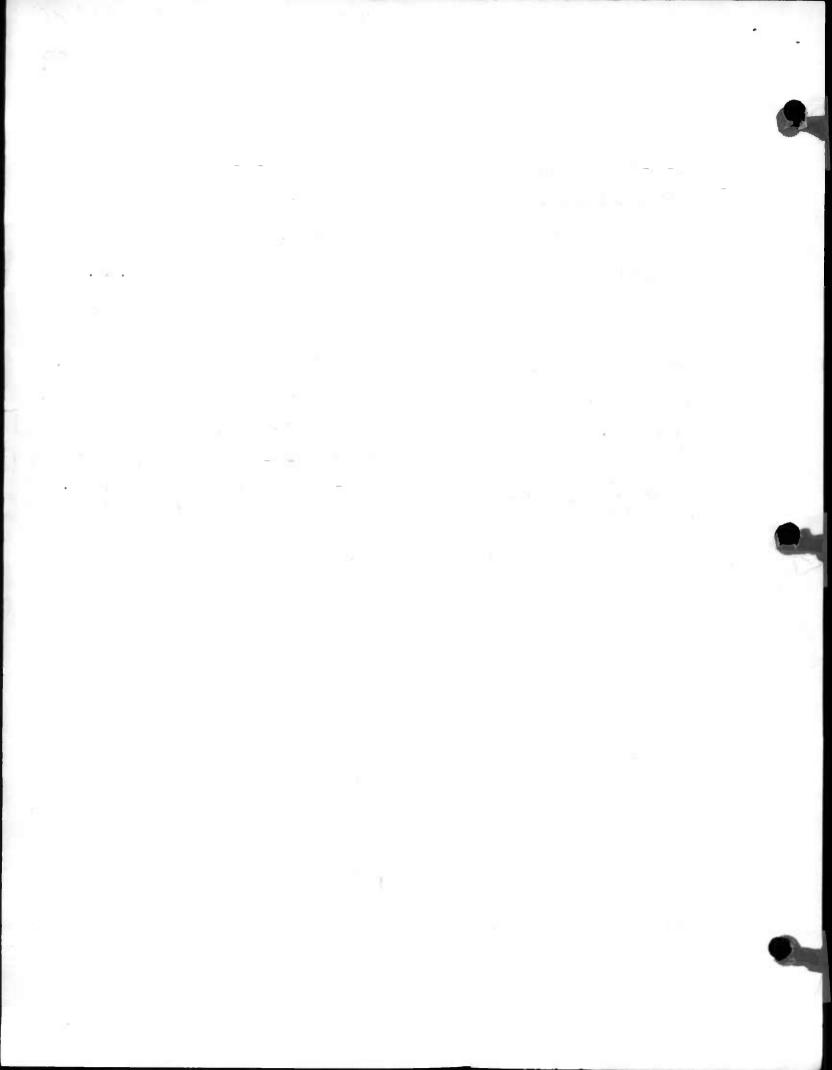
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND			
	1. DECEDENT'S NAME (First, Middle, Last)	-			3 1 1 1 1	2. DATE OF OEATH		3. TIME OF DEATH
	Charles Willia	un TMN	TET.		2110 2	4/10/90		8/40 AM
	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE		UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. BIF	THPLACE (State or Foreign intry)
	217-34-4742	M 2 □ F Z	7 YRS.	ONTHS DAYS	HOURS MIN.	5-12-1938		ENNSYLVANIA
	9a. FACILITY NAME (If not institution, give stree	et and number)	9	b. CITY, TOW	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
O.	FRANKLIN SQUARE HO		1	ROSSVILLE		Baltin	ore	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOC	CATION			10d. INSIDE CITY
<u>E</u>	MARYLAND BAL	TIMORE			EDGEME	RF		LIMITS?
	10e. STREET AND NUMBER	IT I MORE		- 1	101. ZIP CODE		10g. CITIZEN O	WHAT COUNTRY?
ER/	3116 WHITEWAY				21	219		U.S.A.
FUNERAL	11. MARITAL STATUS 1	2. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED		ECENDENT OF HISPA	NIC ORIGIN? (Specify Y	e or No- 14. R/	CE — American Indian, ack, White, atc.
	1 Never Married 2XXMarried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES XXX	1 🗆 Y	ES 2 X NO Speci	n, Puerto Rican, atc.) y:		ec/lv:
BY						I	<u> </u>	WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	(Give kind of wor life. Do NOT use r	k done durina	most of working	16b. KIND OF B	USINESS/INDUSTRY	
٦		College (1-4 or 5+)		,	CHIEF	RAITTM	DE CITU	FIRE DEPT.
M	12TH GRADE 17. FATHER'S NAME (First, Middle, Last)	N/A	DATI	ALIUN		ME (First, Middle, Maide		TIRL VLFT.
	WALTER WILLIAM IMM	IT I			MILDD	ED IRENE 1	TCHED	
BE	19a. INFORMANT'S NAME (Type/Print)	AL-L	19b. MAILING A	ODRESS (Street		Route Number, City or To		
임	PRISCILLA A. IMMEL		3116 (HTTFW.	AV BA	LTIMORE. N	MARYLAND	21219
	20a METHOO OF OISPOSITION 1 A Surial 2 Cremation 3 Remove		PLACE OF DISPOSIT				OCATION — City or	
	1 (A) Souriel 2 □ Cremation 3 □ Ramovi 4 □ Donation 5 □ Other (Specify)	al from State	other place)	MEMO	RIAL 4-1	3-90 BA	ALTIMORE.	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME	AND ADDRESS OF F	CILITY	17.41	
	15 th					NEKAL HUMI ENUE DUNDA		DALK, INC. 21222
	28 PART I. Enter the diseasee, or cor	mplications that cause	tha daeth. Do not	enter tha	moda of dying, su	ch as cerdiec or res	piratory srrest,	Approximata
	ahock, or haert failure. Lie IMMEDIATE CAUSE (Final	at only one ceuse on a	ach lina.					intarval Between Onset and Daath
	disease or condition	Motostoti	a Lung (ango	r			
	resulting in death) a.	Metastati	CONSEQUENCE OF):	ance				
z	C b.							
임	Sequentially list conditions, if eny, leading to immediata	DUE TO (OR AS	CONSEQUENCE OF):					
2	cause. Enter UNDERLYING CAUSE (Disease or injury	DUIS TO 100 10						
E	that initiated events regulting in death) LAST	DUE TO (OH AS	A CONSEQUENCE OF):					İ
CERTIFICATION	d.							
AL	PART ii. Other eignificent conditione	contributing to deeth	out not resulting in	the underly	ring cauae given i		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8						1 _ YES		COMPLETION OF CAUSE OF DEATH?
ME								1 TYES 2 NO
=								
Z I			1	26 OTHER:	PLACE OF OEATH (C	heck only one)		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			iome 5 🗆 Residence	8 Other (Specify)		
YSICIAN	EXAMINER? 1 ☐ YES 2 💢 NO	HOSPITAL: X Inpetient 2 - ER/Out					V INJURY OCCURE	
PHYSICIAN	EXAMINER? 1 □ YES 2 □ NO 27. MANNER OF OEATH		28b. TIME	YY	INJURY AT WORK?	28d. DESCRIBE HOV		´
BY PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	M 1 [WORK? YES 2 NO			
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY	28b. TIME INJUI	M 1 [WORK? YES 2 NO	28d. DESCRIBE HOV 28f. LOCATION (Stree City or Town, Sta	et and Number or Ru	
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spr.)	28b. TIME INJUI	M 1 [WORK? YES 2 NO	281. LOCATION (Stree City or Town, Sta	et and Number or Ru te)	
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICI	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spo	28b. TIME INJUI	M 1 [eet, factory, c	WORK? YES 2 NO Iffice	28f. LOCATION (Stree City or Town, Sta	et and Number or Ru te)	rel Route Number,
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICI	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spo	28b. TIME INJUI	M 1 [eet, factory, c	WORK? YES 2 NO Iffice	28f. LOCATION (Stree City or Town, Sta	et and Number or Ru te)	
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICI	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spo	28b. TIME INJUI	M 1 [eet, factory, c	WORK? YES 2 NO Iffice	28f. LOCATION (Stre- City or Town, Sta a to the cause(a) and n e time, data and place,	et and Number or Ru te) nenner as stated. and dus to the cau	rel Route Number,
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spe IAN: To the best of my know : On the bests of examination	28b. TIME INJUI f — At home, farm, str city) viedga, daath occurred on and/or investigation.	M 1 [eet, factory, c at the time, c in my opinio	WORK? YES 2 NO Hitica data and place, and do n, dasth occured at th	28f. LOCATION (Stre- City or Town, Sta a to the cause(a) and n e time, data and place,	et and Number or Ru te) nenner as stated. and dus to the cau	rel Route Number, se(a) and manner as stated.
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spe IAN: To the best of my know : On the besis of examination COMPLETEO CAUSE OF D	28b. TIME INJUI f — At home, farm, str city) vledga, dasth occurred on and/or investigation.	M 1 [set, factory, c at the time, c in my opinio	WORK? YES 2 NO Iffice Sets and place, and de n, desth occured at the sets of the sets	281. LOCATION (Street City or Town, State to the cause(a) and ne time, data and placa,	est and Number or Ru te) nenner as stated. and due to the cau 29d. OATE SIG	se(a) and manner as stated.
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spe IAN: To the best of my know : On the besis of examination COMPLETEO CAUSE OF D	28b. TIME INJUI 7 — At home, farm, str city) viedga, dasth occurred on and/or investigation.	M 1 [set, factory, c at the time, c in my opinio	WORK? YES 2 NO Iffice Sets and place, and de n, desth occured at the sets of the sets	281. LOCATION (Street City or Town, State to the cause(a) and ne time, data and placa,	et and Number or Ru te) nenner as stated. and dus to the cau	se(a) and manner as stated.



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY		ATE OF DE		WENTAL FIGE REG. N	_	
1. OECEDENT'S NAME (First, Middle, Last)	/ -	1			2. DATE OF OEATH MONTH	DAY Y	3. TIME OF OEATH
ESSIE MG	ae Jac	Kson			4-1-		250
4. SOCIAL SECURITY NUMBER		, , , , , , , , , , , , , , , , , , , ,	FUNDER 1 YEAR IF U	MDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
216-30-5835	1 M 2 X F	5 8 YRS.	MINS DATS HOU	Min.	11-22.		BALTIFORG
9a. FACILITY NAME (If not institution, give	street and number) Ro	5 72×70 W7 91	b. CITY, TOWN OR LO	CATION OF OR		9c. COUNTY	OF OEATH
CHERRYLOO	9 12050	10 +	BALTIMO	OrE) 1	~0	BAG	710016
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	10c, CITY, T	TOWN OR LOCATION				10d, INSIDE CITY
mo RAC	CAMORE	0,3	SPERTOL		~ 0		LIMITS?
10e. STREET AND NUMBER		2	101, ZIP			10g. CITIZEI	N OF WHAT COUNTRY?
2714 Gate	house, 1	prive	0	2120	17	()5	2
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			NC ORIGIN? (Specify	Yes or No- 14	. RACE — American Indian,
1 Never Married 2 Merried	FORCES? 1 YES		1 YES 2		n, Puarto Rican, etc.) y:		Black, Whits, etc. Specify:
3 Widowed 4 Divorced							BLACK
15. DECEOENT'S EOU (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most of v	working	16b. KIND OF	BUSINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. Do NOT use N	eared.)		Sac	ial S	Sea. il
17. FATHER'S NAME (First, Middle, Last)			140	MOTUEDIO NA	ME (First, Middle, Maid		curity
C			18.		ME (First, Middle, Maid	4.4	
199_INFORMANT'S NAME (Type/Print)	019600	19h MAII INC AF	DDRESS (Street and Nu				
Phillip Jan	Kson	10	Maccon			orn, own, ap oc	2/2
20a. METHOD OF DISPOSITION	2	0b. PLACE OF OISPOSITI			- 3	LOCATION CIT	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARYL		ATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Le JR ~ C		JOHNSON OKNSO		MON		90 s.	7:09 AM
4. SOCIAL SECURITY NUMBER 225-28-8582 90. FACILITY NAME (If not institution, gr	17 M 2 □ F	65 YRS. MC	F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	05-	nth, Day, Your) -08-24	Country)	CE (State or Foreign
UNION MEMORIAL	HOSPITAL		BALTIMORE CITY			none	
10a. STATE 10b. COL			own on Location		10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{N} \)		
100. STREET AND NUMBER 721 E. 215	St. Street		101, ZIP CODE 21.2	10			States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mex 1 YES 2 NO Spe	PANIC ORIG	SIN? (Specify Yea or No- 1 o Ricen, etc.)		American Indian, hite, atc.
15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	18a. DECEDENT'S US (Give kind of won	k done during most of working	10	8b. KIND OF BUSINESS/INDU		714
8th grade	College (1-4 or 5+)	Self E	mployed		Bar Owner		
17. FATNER'S NAME (First, Middle, Last) Tilghman		k, Middle, Malden Surname) ckett					
19a. INFORMANT'S NAME (Type/Print)		1	ODRESS (Street and Number or Ru	ral Route Nu	imber, City or Town, State, Zip C		
Eva Johnson			vine Turner				
20a. METHOD OF DISPOSITION 1 Buriel 2 M Cremetton 3 F 4 Donatton 5 Other (Specify)	Removal from State	other place of disposition of the place of the community	ount Cemeters cremetory	су	Baltimo		Maryland
and the second s							The state of
21. Signature of Funeral Service 22. PART I. Enter the disease, shock, or heart failt.	Soruga	d the death. Do not each line.	1412 E. Pr	Scr	ruggs Funer on Street. ardiac or respiratory arre	Balt	Approximate
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DIVISION OF VITAL RECORDS, F.O. BOX 13149, BALLIMORE, MANIEMO XIXOS-3140
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial. cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			IENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) JOSEF					2. DATE OF DEATH	1 90) 5:10 PM
	h 0 /1-	□ M 2 □XF	72 yrs. MON		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 - 17 - 1	7 MA	RTHPLACE (State or Foreign nuntry) RYLAND
TOR	FRANCIS SCOTT KE			BALTIM			SC. COONTT O	FERIN
DIRECTOR	10a. STATE 10b. COUNTY		BALTI	MORE	ON	_		10d. INSIDE CITY LIMITS? 1X YES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 2047 FLEET ST.		·		1224		USA	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO	If yes, spec		C ORIGIN? (Specify Yea , Puerto Ricen, etc.)	S	ACE — American Indian, Black, White, atc. Specify: UHITE
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondery (0-12) 6 YEARS	ON opleted) College (1-4 or 5+)	18e. DECEDENT'S USU. (Give kind of work of life. Do NOT use red) HOMEMAKE	done during most ired.)	of working	16b. KIND OF BU		
5	17. FATHER'S NAME (First, Middle, Last)		TIOTILITITIE		18. MOTHER'S NAM	IE (First, Middle, Maiden	Surname)	
BE	SAMUEL LEJK				ANNA	BYSTRYK		
2	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow		
	MRS. MARIE EBER	20h	PLACE OF DISPOSITIO	The second secon			CATION - City of	D. 21224
	1 ABurlel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State	UDON NAT	IONAL	CEMETE	ERY BAL	_TO. C	
1	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		KACZO	ROWSKI	FUNERAL	HOME	
1	Saimond h.	Nacsa	michi	2525	FLEET S	ST. BALTO	o. MD.	21224
1	23. FART I. Enter the diseases, or comehock, or heart fellure. List			enter the mod	e of dying, such	ss cardisc or resp	Iratory errest,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	LEART CONSEQUENCE OF):	7	FAILU	RE		Onset and Death
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	Y AK	ADDIO.	MYOPE DIGH	THY 15E	
FILTSICIAN: MEDICAL C	PART II. Other significant conditions of	contributing to death by	ut not resulting in th	e underlying	ceuse given in	Part I. 24a. WAS AN PERFOI 1 — YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
S S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	I or		ACE OF OEATH (Che	ock only one)		
Ž	1 U YES 2 NO	Inpatient 2 - ER/Outp	atlent 3 DOA 4			8 Other (Specify)	M. 1100.	
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOF		28d. DEŞCRIBE HOW	INJURY OCCURE	Ь
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stree	t, factory, office		28f. LOCATION (Street City or Town, State		ural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: 0	N: To the best of my knowl						use(e) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CENTIFICATION	Askar !	Tup.		29c. LICENSE NUM	1030	29d. DATE BIG	HED (Maryle, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WIND C	AN OMPLETED CALVE OF OE.		(K)	Med	Center		l
į	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	Randoss				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a man after death. Page 6 may be retained by the hospital or attending physician.	OR: After this certificate has been signed by the attending physician and completely fifled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should for death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificate filed within 72 hours after death with the St.	IMPORTANT: If Item 28 Is marked, or it

1 - FOR STATE REGISTRA
1. DECEDENT'S N

	1 - STATE REGISTRAR	SIAIL OI III	CER	TIFI	CATE	OF	DEATH	MENTA	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last)	H	JACKS	0	N,S	Sr.		2. DATE	E OF DEATH	2 :	7 YEAR	arries.	SF DEATH	4
	4. SOCIAL SECURITY NUMBER 219-10-3211	5. SEX	8. AGE (In yrs. last birt	.,	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	E OF BIRTH oth, Day, Year) C . 21,	1925	Countr	y)	State or Foreign	
OR	9a. FACILITY NAME (If not institution, give : North Arundel H						R LOCATION OF DE		,	9c. COL	JNTY OF D	EATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ГҮ	1	Oc. CITY	r, TOWN OR	R LOCAT	ION	_				10d. INS	SIOE CITY	彐
	Maryland A.	A.Co.					nie,Md					LIN	AITS? ES 2XXNO	-
	10e. STREET AND NUMBER				LCII.		ZIP CODE	•		10g. CI	TIZEN OF W	VHAT CO	UNTRY?	7
ER	7809 Balto.A	nnapoli	s Blvd.				21061				USA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced		T EVER IN U.S. ARMED YES 2 NO)	14 5	yes, spe	ENDENT OF HISPAN ecity Cuben, Mexican 2 NO Specify	n, Puarto		a or No	14. RACE Black Speci	t, Whita,	rican Indian, atc. Vhite	
LED	15. DECEDENT'S EDU	UCATION	16a, DECEL	ENT'S	USUAL OCC	CUPATIC	iN .	16	b. KIND OF BL	JSINESS/IN	IDUSTRY			7
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	(Give K	NOT use	ork done au e retired.)	iring mos	st of working							
COMPLET	7th.Grade		Tr	ucl	k Dr	ive			Cross		o St	lgg1	- Y	
	17. FATHER'S NAME (First, Middle, Last)		***				16. MOTHER'S NAM	ME (First,	Middle, Malder	n Sumame)	_			
BE	George M 190. INFORMANT'S NAME (Type/Print)	larion	Jacks		1000500		Mary			ita	Fox	-		\dashv
2	Mary A.Croft											210		
	20a. METHOD OF DISPOSITION		20b. PLACE OF I	DISPOSI			Annapo	JTTS			- City or To			4
	NXBurial 2 □ Cremation 3 □ Ran 4 □ Donation 5 □ Other (Specify)	noval from Stata	GlenH		en M	emo	rial Pa	ark	Gle	en B	urni	e.M	۱d .	
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	1	1			D ADDRESS OF FAC				d.21			
	1 / Vaniel	0.1	In also	7	1	McC	ully Fu	ıner						ve
	23. PART i. Entar tha diseases, or	complications tha	it caused the death	. Do n								A	pproximsta	
	shock, or haart failure. iMMEDIATE CAUSE (Final	•											itarval Between inset and Daat	
	disease or condition resulting in death)	a. ACI	ITE !	(0	201	VA	17 11	VS	UFFIC	16N	169			_
		DUE 10	PERT	INCE OF	F):		1					2		
NO.	Sequantially list conditions,	U	(OR AS A CONSEQUE			UIV	<u></u>					+		\dashv
SAT	if any, laading to immediata cause. Enter UNDERLYING	HY	PER (211	OLE	35	TOROL	Er	MIA	-				
CERTIFICATION	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSEQUE	NCE OF	ŋ:									
E	resulting in death) LAST	d										-		-
_	PART ii. Other aignificant conditio		death but not resu	uiting i	in tha unc	dariyinç	cause givan in	Part I.	24a. WAS A		7 24b		UTOPSY FINDINGS	3
CAL	TOBA	CCO							1 TYES	PRMED?			BLE PRIOR TO ETION OF CAUSE TH?	
MED													ES 2 NO	
ż														
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINED?	HOSPITAL:			OTHER:		ACE OF OEATH (Che	eck only o	one)					-
IXS	1 NES 2 NO 27. MANNER OF DEATH		ER/Outpetient 3 -	DOA	4 🗆 Nursi:		e 5 Residence		her (Specify) ESCRIBE HOW	- HIOV O	^^!PED			\dashv
	Natural 5 Pending	(Month, D			IURY M	WO	URY AT PRK? YES 2 NO	26G. DE	EŞCRIBE NUH	INJUNT	CCUMED			
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	OF INJURY At home,	, farm, s	street, facto				OCATION (Street		er or Rural i	Route Nur	mber,	-
COMPLETED	4 Homicide datarmined	bunging,	, etc. (Specify)					Grij	ty or Town, State	e)				
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of	f my knowledge, death	occurr	ed at the tir	me, data	and place, and dua	to the c	ause(a) and m	enner as st	tated.			
OM	one) 3 MEDICAL EXAMIN	IER: On the basis of a	xamination and/or inve	estigatio	m, in my op	pinion, d	eath occured at the	time, de	ita and pleca, r	and dua to	the cause(s	e) and mi	anner as stated.	
BE C	296, SIGNATURE AND TITLE OF CERTIFIE	ER					29c. LICENSE NUN	MBER	17	29d. D/	TE SIGNE	(Month,	Day, Year)	
0	16/1e		n.				ひろこ	3/	5 /	> 4	4-	12	-70	
	CHALLES A	VHO COMPLETED CAU	SE OF DEATH (ITEM 2	7) (Type,	Print)	n	BUTU/	V	ROA	0 /	ARNO	NA	MP	
	31. DATE FILED (NORTH), Day, 1990	STAND DO	undson-hand	182							=			

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hot	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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7220

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type)

ARK

HEICHH?

32 REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Lillian S. Koletschke April 1990 6p.m. 7. DATE OF BIRTH (Month, Dey, Year)
March 21,1906 Maryland 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 1 🗌 M 2 🖫 F 84 220-07-1400 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Augsburg Lutheran Home Baltimore Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Timonium Maryland 1 TYES 2 NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 21093 United States 2307 Chetwood Circle 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Mexican, Puerto Rican, atc.) 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2√XNO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 KNO Specify: Specify: BY 3. Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 185 KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) High School Hutzler's Department Store Supervisor Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Schmitt Amelia Mesz John BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Burel Route Number, City or Town, State, Zip Code) 2 10101 Charington Road Cockeysville, MD 21030 Herman W. Koletschke 20a. METHOD OF DISPOSITION
1

Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, State Woodlawn Cemetery Baltimore, MD 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SAGNATURE OF FUNERAL SERVICE LICENSEE Loring Byers Funeral Directors, INC. 8728 Liberty Rd. Randallstown, MD 21133-4784 23. PARTY Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Finel diseese or condition NEUMONIA 3PIRATION resulting in death) TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? COMPLETION OF CAUSE 1 U YES 2 UNO DF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED, TO MEDICAL 26, PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA EXAMINER? OTHER: 1 YES 2 NO A Nurel ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH . DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 1 YES 2 NO BY 2 Accident PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER JCCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE 1)28595

DAGO

TASNEEM

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BALLIMORE, MARTLAND 21203-3146	within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	; certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it affled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	SIMIE OF MANTE		ICATE (OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		1			2. DATE OF DEATH MONTH D	AY	YEAR 3.	TIME OF DEATH
	John	KOTROCO)						:30 pm. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 Y		7. DATE OF BIRTH		8. BIRTHPLA	CE (State or Foreign
	216-28-6313	1½ M 2 □ F 5	6 YRS.	MONTHS D	AYS HOURS MIN.	Aug. 18,1	933	MA	yland
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. COU	NTY OF DEAT	н
OR	Franklin Squ	are Hospit	al		Rossvill	е	Balt	timore	
<u>[</u>	RESIDENCE OF DECEDENT 10a, STATE 10b. COUNT	Y	10c. CIT	Y. TOWN OR I	OCATION .			104	1. INSIDE CITY
DIRECTOR	Md.	Baltimor	е		BAltimo	re			LIMITS? YES 2 🔀 NO
FUNERAL	100. STREET AND NUMBER 20 Lark Mead	ow Court			101. ZIP CODE 21.2	36		USA	T COUNTRY?
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT EVER I			DECENDENT OF HISPAI		or No-		Amarican Indian,
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 💢 YES IF YES, GIVE WAR OR D			es, specify Cuban, Mexica] YES 2 □流O Specif			Black, W Specify:	USA
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCU	IPATION ng most of working	16b. KIND OF BU	SINESS/INC	DUSTRY	
ᆸ	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	se retired.)	ng most or working				
릴			Sal	es					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden	,		
BE	Ernest Kotr	000			Fann	nie Nov	ak		
2	19a. INFORMANT'S NAME (Type/Print)				treet and Number or Rural				22.02.6
٦	Madeline Kotr	000	20	Lark	Meadow C	Court BAL	to.	Md.	21236
	20s. METHOD OF DISPOSITION 1 Denis 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		other place) Gardens	sition (Name	of comotory, cromatory or Faith Cen			city or Town,	Control of the Contro
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	4		ME AND ADDRESS OF FA				
	41	E	Una	CO	nnellyFur	neralHome	300M	(AceA	ve.21221
	23. PART I. Enter the diseases,	complications that cause	d the death Do	not enter th	e made of dyling sur	h es cardiac or raen	iratory er	rest	Approximete
	shock, or heart failue.	List only one ceuse on			,g,				intervel Between Onset and Death
	iMMEDIATE CAUSE (Finel disease or condition	10-41	e ar	~ . \					/ L
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):					1/17.
-		Atheres	clerah	c Co	ronary	artery o	lise	250	34-000
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):	Unign	1			
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c							
	that initiated events	OUE TO (OR AS	A CONSEQUENCE O	F):					
EB	resulting in death) LAST	d							
	PART II. Other significent condition	ns contributing to deeth	but not resulting	in the unde	rlying cause given in				ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL		_				PERFO	RMED?	- 00	MILABLE PRIDR TO IMPLETION OF CAUSE
묘							2 10		DEATH?
. ≥									
A	25. WAS CASE REFERRED TO MEDICAL	2.			26. PLACE OF OEATH (C	heck anly one)			
Sic	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Out	tpatient 3 DOA	OTHER:	g Home 5 🗆 Residence	6 Other (Specify)			
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	AE OF 28	Ic. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	4-13-			1 YES 2 NO	,			
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,	street, factory	, office	281. LOCATION (Street City or Town, State	and Numbe	er or Rural Rout	e Number,
COMPLETED	4 Homicide determined	Saliening; etc. (c)x	Jony			0.07 0. 10011, 0.000	,		
Z.	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	wledge, death occur	red at the time	, date and place, end du	e to the cause(a) and mi	inner as str	sted.	
₩.	cool and	ER: On the basis of examination							nd manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DAT	TE SIGNED /M	onth, Day, Year)
BE	1	la Dha	n	-70	111.5	1/2	1	4-11	90
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)	10/6/	60		1-16-	, C
	F.E. Chatham	1012 CX	a Nort		it Ro.	Baltim	ore	, md	51554
	APR 1 7 1990	32. REGISTRAR'S SIG	NATURE Sen-Randal	2					

STEEL DE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CERTIFI	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Mi	iddle, Last)							E OF DEATH TH DA	,	YEAR	3. TIME OF DEATH
		PAU	L LEE	KENDALI	L		API	ŸIL 13°.	1990		М
4. SOCIAL SECURITY NUMBER	!	5. \$EX	6. AGE (In yrs	s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATI	E OF BIRTH		8. BIRTH Country	PLACE (State or Foreign
219-07-4075		XX M 2 □ F	71	YRS.	MONTHS DAYS	HOURS MIN.	3-	12-19			RY LAND
9e. FACILITY NAME (If not institu	ution, give stree	et and number)			9b. CITY, TOWN (R LOCATION OF D	EATH		9c. COUN	ITY OF D	EATH
FRANCIS SCOT	TT KEY	MEDICA	L CENT	ER	BALT	IMORE CI	IТУ				
RESIDENCE OF DECE											
	Ob. COUNTY	1==110==		10c. CITY	, TOWN OR LOCAT						10d. INSIDE CITY LIMITS?
MARYLAND	BA	LTIMORE				NDALK					1 TYES 2 XNO
10e. STREET AND NUMBER	10 0=0				101	. ZIP CODE			10g. CITIZ		/HAT COUNTRY?
1705 KIRKLAN						212					S.A.
11. MARITAL STATUS	orried 1	2. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic	an, Puerto		or No-	14. RACE Black	— Americen Indien, t, White, etc.
3 Widowed 4 Divorce		IF YES, GIVE V	WW I	7	1 🗍 YES	2 X NO Speci	ly:			Speci	wHITE
15. DECED	ENT'S EDUCA	TION		. DECEDENT'S	USUAL OCCUPATION	ON	16	b. KIND OF BUS	INESS/IND	USTRY	WIIIIC
(Specify only hi Elementary/Secondary (0-12		College (1-4 or 5		(Give kind of w life. Do NOT us	rork done during mo e retired.)	st of working					
8TH GRADE	"	N/A	'	ELi	ECTRICIA	N		I.B.E.W	. LO	CAL	24
17. FATHER'S NAME (First, Midd	lle, Last)					18. MOTHER'S NA					
JOHN L. KENDALL						THE	ERES	A MATUS	KA		
19a. INFORMANT'S NAME (Type	e/Print)	-		19b. MAILING	ADDRESS (Street	nd Number or Rural	Route Nu	mber, City or Town	, State, Zip	Code)	
KATHERINE KE	VDALL			1705 1	KIRKLAND	STREET	B	ALTIMOR	E, M	ARYL	AND 21222
20a METHOD OF DISPOSITION	٧		20b. PL	ACE OF DISPOS	ITION (Name of cer	netery, crematory or		20c. LO	CATION —	City or To	wn, State
4 ☐ Donation 5 ☐ Other (S)		al from State	_ SAC	RED HE	ART OF J	ESUS 4-	16-9	O BAL	TIMO	RE,	wn, State MARYLAND
21. SIGNATURE OF FUNERAL S	SERVICE LICE	NSEE									LK. INC.
▶ Scor	·7.	Tond	2			WISE AVI					
23. PART i. Enter the dise shock, or hea		mplications the			ot anter the mo	da of dying, au	ch aa ca	rdiac or reapi	ratory arr	eat,	Approximata interval Batween
IMMEDIATE CAUSE (Final											Onaet and Death
disease Dr Condition resulting in death)	a.,	///	OCAR	CDIAL	- INF	ARCTI	ON				
		DUE TO	(OR AS A CO	NSEQUENCE OF	7:	ARETT DIS	· ·	. —			
Sequentially list condition	na, b.	HYPER	TENS	IVE	HEART	DIJ	EA	86			
if any, leading to immedia cause. Enter UNDERLYING	ate	11/1	000	A R	ESIT	4					j
CAUSE (Disease or injury that initiated events				NSEQUENCE OF							
reaulting in death) LAST					•						
	d.										
PART II. Other significant	conditiona	contributing to	death but r	not reaulting i	n the underlyin	g cause given in	Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
								1 TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
											1 YE\$ 2 NO
								1		- 1	
25. WAS CASE REFERRED TO I				-		LACE OF DEATH (C	heck only	one)			
25. WAS CASE REFERRED TO I EXAMINER? 1 YES 2 NO	1	HOSPITAL:	☐ ER/Outpitle	nt 3 🗆 DOA	OTHER:	LACE OF DEATH (C					
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			INJURY	28b. TIM	OTHER: 4 Nursing Hon		8 🗆 Ot		NJURY OC	CURED	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pe		28e. DATE OI	INJURY	28b. TIM	OTHER: 4 Nursing Hon E OF 28c. IN. URY	ne 5 🗆 Residence	8 🗆 Ot	her (Specify)	NJURY OC	CURED	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident Im 3 Suicide 6 Co	ending	28e. DATE OI (Month, I	INJURY Day, Year)	28b. TIM INJ	OTHER: 4 Nursing Hon E OF 28c. IN. URY	ne 5 Residence	8 🗆 Ott	her (Specify)			
EXAMINER? 1	ending restigation ould not be termined	28e. DATE OI (Month, I	FINJURY Day, Year) OF INJURY — (Specify)	28b. TIM INJ At home, farm, a	OTHER: 4 Nursing Hon E OF 28c. IN. URY W M 1 itreet, fectory, office	ne 5 Residence	8 Ott	her (Specify) EŞCRIBE HOW II DCATION (Street et y or Town, State)	and Number	or Rural I	
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident 3 Suicide 6 Cd 4 Homicide de 29e. CERTIFIER (Check only one) 2 MEDICA	onding restigation puld not be termined YING PHYSICI AL EXAMINER:	28e. DATE OF (Month, I	FINJURY Day, Year) OF INJURY — , etc. (Specify)	28b. Tim JNJ At home, farm, a	OTHER: 4 Nursing Hon E OF 28c. IN. URY W M 1 Intreet, fectory, office and at the time, date	ive 5 Residence ive Tolking ive Selection of the selectio	8 Otto	her (Specify) ESCRIBE HOW II DCATION (Street & Control of Town, State)	and Number	or Rural I	Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident 3 Suicide 6 Ce 4 Homicide 6 Ce 29e. CERTIFIER (Check only	onding restigation puld not be termined YING PHYSICI AL EXAMINER:	28e. DATE OF (Month, I	FINJURY Day, Year) OF INJURY — , etc. (Specify) If my knowledge examination en	28b. Tim JNJ At home, farm, a	OTHER: 4 Nursing Hon E OF 28c. IN. URY W M 1 Intreet, fectory, office and at the time, date	iury AT PKS 2 NO e end place, end du death occured at th	8 Otto	her (Specify) ESCRIBE HOW II CATION (Street of the first or Town, Stele) cause(s) end mare the end piece, en	nner ee atat d due to th	or Rural I	Route Number, a) end manner ee stated. (Month, Day, Year)
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident 3 Suicide 6 Cc 4 Homicide 6 Cc (Check only one) 2 MEDICA 296. SIGNATURE AND TITLE O	ending restigation ould not be termined TYING PHYSICI AL EXAMINER:	28e. DATE 01 28e. DATE 01 28e. PLACE (building) AN: To the best of on the bests of or	FINJURY Dey, Year) OF INJURY — etc. (Specify) If my knowledge examination en	28b. TIM INJ At home, farm, of the death occurry destroyer investigation.	OTHER: 4 Nursing Hon E OF	URY AT SHEET OF THE SHEET OF TH	8 Ott 28d. D	her (Specify) ESCRIBE HOW II DOCATION (Street of yor Town, State) Eause(s) end margite end piece, en	nner ee stat d due to th	or Rural I	Route Number,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

APR1 7 1990

32 REGISTRAR'S SIGNATURE

DHMH-16 Rev t/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARY	(LAND / DEPART		OF HEALTH AND OF DEATH	MEN	TAL HYGIENI REG. NO.	E	
1. DECEOENT'S NAME (First, Middle, Last)						ATE OF DEATH		3. TIME OF DEATH
Murry	Н	Kee	ner.	Tr	- 1	onth DA	4 199	AR M
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1	EAR IF UNDER 24 HRS	7. 0	ATE OF BIRTH Month, Day, Year)	6. E	SIRTHPLACE (State or Foreign Country)
235-46-7582	1XXM 2 □ F 5	7 YRS.	ONTHS C	AYS HOURS MIN.	07	-22-193		est Virginia
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, T	OWN OR LOCATION OF	DEATH		9c. COUNTY	OF DEATH
8223 Bullneck	Road		Dun	dalk			Ba1	timore
10e. STATE 10b. COUNT	ry	10c. CITY,	TOWN OR	LOCATION				10d. INSIDE CITY LIMITS?
MD Bal	Ltìmore	Dung	dalk					1 TYES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
8223 Bullneck				21222			US	Α
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 X X	R IN U.S. ARMED ES 2 NO		S DECENDENT OF HISI es, specify Cuban, Mex			or No- 14.	RACE — American Indian, Black, White, etc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR O			YES 2 X NO Spe				Specify: White.
15. DECEDENT'S EDI	•	16a, DECEDENT'S U	SUAL OCC	IDATION		16b. KIND OF BUS	INESS/INDUST	
(Specify only highest grad	e completed)	(Give kind of wo	rk done dui retired.)	ing most of working		TOD. KIND OF DOC	ALLOS ILLOS	
12 years	College (1-4 or 5+)	Sweepe	1			General	Matas	1 &
17. FATHER'S NAME (First, Middle, Last)		Sweepe	L	16, MOTHER'S	NAME (F	Irst, Middle, Maiden		
Murry H. Keener.	Sr.			Bert	ra L	. Keise	ina	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rui				10)
Rosemary Keener		8223 B	Bulln	eck Rd. 1	Duna	lalk. MD	21222	2
20%. METHOD OF DISPOSITION		20b. PLACE OF DISPOSIT					CATION — City	or Town, State
1. Buriat 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	novel from State	tolly Hill	Mem.	Pk. 4-16.	-199	0 Bal	timore.	Maryland
21. SIGNATURE OF FUNERAL SERVICE L			22, N/	ME AND ADDRESS OF	FACILIT	7 0 110000	~ / D	ndalk, Inc.
> Scall r	: Card	-0-	79	22 Wise A	veni	ie Balti	o., MD	21222
IMMEDIATE CAUSE (Finel disease or condition	. List only one cause o	n each line.						Approximate Interval Between Onset and Deeth
resulting in death)	DUE TO (OR /	Cardiap as a consequence of Gras		amatt.	200	<u>.</u>		
Sequentially list conditions, if any, leading to immediate	D	S A CONSEQUENCE OF)	:					
cause. Enter UNDERLYING CAUSE (Disease or Injury	C.	cong	est	we be	art	- Halu	re	
that initiated events	DUE TO (OR A	AS A CONSEQUENCE OF						
resulting in death) LAST	d							
PART II. Other significant condition	ons contributing to deat	h but not resulting in	the und	erlyling ceuse given	In Part			24b. WERE AUTOPSY FINDINGS
						1 TYES 2	/	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							423	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	(Check o	nly one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 DOA	OTHER:	ng Home 5 & Residen	ca 8 🗆	Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b. TIME	OF 2	8c. INJURY AT		. DESCRIBE HOW I	NJURY OCCUR	ED
1 Natural 5 Pending	(Month, Day, Ye	ar) INJU	M	WORK? 1 YES 2 NO				
2 Accident sinvestigation 3 Suicide 6 Could not be	28e. PLACE OF INJ	URY — At home, ferm, st	reet, factor	y, office	26f	LOCATION (Street City or Town, State)		Rural Route Number,
4 Homicide determined	building, etc. (эрөс пу)				City or lown, State,		
cone)	SICIAN: To the best of my k							
2 MEDICAL EXAMIN	VEH: On the basis of examin	ation end/or investigation	, in my op	nion, death occured at	tne time	, date end place, ar	na due to the c	euse(e) end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE			29d. DATE S	GNED (Month, Day, Year)
•				D-2	18	1 /	[P 4	1114140
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print) 1012				, Ba	et. Md. 2122

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THE STATE OF THE S

DIVISION OF VITAL MECONDS, 7:0: BOX 13145, 1341 INCORP., INCORP. 13145
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N	IAKYLAND / CI			OF DE		MENI	AL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					-			TE OF DEATH			3. TIME OF	DEATH
	Thomas K. F	Geener	KEENER					4 /	12/90	Y	YEAR	6:00	ДМ
DIRECTOR	Thomas 4. Social Security NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1		ER 24 HRS.	7. DAI	E OF BIRTH	4	8. BIRTH	PLACE (State	
	235-10-5296	1 📉 M 2 🗌 F	85	YRS.	MONTHS	DAYS HOURS	MIN.	Ma	ry 24,	19q	4	West	Virgin
	9e. FACILITY NAME (If not Institution, give st	give street and number)			9b. CITY, 1	TOWN OR LOCA	TION OF DE	ATH		9c. COUN	ITY OF D	EATH	
	Franklin Square_Med. Center				В	altim	ore			Balt	imo	re	
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		10c, CITY	TOWN OR	LOCATION						10d. INSIDE	CITY
<u>E</u>	Maryland Baltimore				/idd	le Ri	ver		2				2 X NO
	10e. STREET AND NUMBER		Middle River				10g. CITIZEN OF WI						
ER/	6 Maple Drive				2 2120				USA				
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced			S 2X NO If yes, spe			CENDENT OF HISPANIC ORIGIN? (Specific Cuben, Mexican, Puerto Rican, et a. 2 X NO Specify:						n Indien,
BY													
	15. DECEDENT'S EDUC	2471041	40.00	18e. DECEDENT'S USUAL OCCUPATION				Bb. KIND OF BUSINESS/INDI		Wnite			
COMPLETED	(Specify only highest grade	completed)	(C		ork done du	iring most of wor	king	- 13	IOD. KIND OF BUS	INESS/IND	USTRY		
2	Elemantary/Secondary (0-12)	College (1-4 or 5		Carpenter					Const	ruc	tio	1	
S	17. FATHER'S NAME (First, Middle, Last)			ar per	1001		THER'S NA	ME (Firs	st, Middle, Maiden		0101	. 1	
	Anderson Keene	er					Eliza	abe	th				
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS			_	umber, City or Town	n, State, Zip	Code)	210	030
2	Jane N. Campbe	ell		134	Coc	keysv	ille	Rd	l. Coc	key	svi.	lle,	MD
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Reme	ovel from State	20b. PLACE	OF DISPOSI	TION (Nam	e of cemetery, c	remetory or		20c. LO	CATION -			
	4 Donation 5 Other (Specify)		Me	tro (rem	atory	, In	с.	Ba	alti	more	e, MI)
	21. SIGNATURE OF TUNERAL SERVICE LTC	SHSEE MAN	THE		22. N	remat	ion S	SOC	eietv d	of Ma	arv'	land	
	George E. M	MacNabb			2	99 Fr	eder	ick	eiety o	Ba	1to	, MI	21228
	23. PART I. Enter the diseases, or of shock, or heart fellure.				ot enter t	he mode of	lying, auc	h ea c	erdiec or respi	retory arr	rest,		oximate vai Between
	IMMEDIATE CAUSE (Final	Liet Only One cat	ise on each in	e.									et and Death
	disease or condition resulting in death) • Ventricular Tachycardia put to (or as a consequence of):												
N	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):												
A	If any, leading to immediata ceuse. Entar UNDERLYING	DUE 10	(OH AS A CONSE	OUENCE OF	j:							İ	
E I	CAUSE (Disease or Injury that Initiated events	cDUE TO	(OR AS A CONSE	OUENCE OF):			-					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):													
8	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
ICAL	PERFORMED? AM								AVAILABLE	PRIOR TO			
ä									OF DEATH?				
MED		1 U YES 2 X NO											
Ä	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one)												
PHYSICIAN:	EXAMINER? 1 YES 2X NO	EXAMINER? HOSPITAL: OTHER:											
H	27, MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIME		28c. INJURY AT	Heeldence	_	OEŞCRIBE HOW I	NJURY OC	CURED		
	1 Netural 5 Pending	(Month, L	Day, Year)	(Year) INJURY WORK? M 1 YES 2 NO				25d. OLYGINDE HOW MAGNIY COCCINED					
В	2 Accident Investigation 3 Suicide 8 Could not be		JURY — At home, farm, street, fectory, office				26f. LOCATION (Street and Number or Rural Route Number,				6		
COMPLETED	4 Homicide determined	atc. (Specify)					City or Town, State)						
Ë	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heet o	pest of my knowledge, death occurred at the time, date and place, end due to the cause(a) end menner se stated.										
MP	(Check only one) 2 MEDICAL EXAMINE	_										e) end mann	er ne stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	0.4-		OO LICENSE MISSA									
BE	The state of sectional	Peler W	hite, J	K 1	U.D.	2.0							
Peter White, Jr. M.D. 9000 Franklin Square Drive Baltimore, MD 21237													
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE										
	APR ₁ 71990	Statio Dair	dson-Aand	مالا									

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO),		
1. DECEDENT'S NAME (First, Middle,	D I PC				2. DATE OF DEATH	AY _	MEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-36-069	5. SEX 6. AGE (III		IF UNDER 1 YEAR	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/23/18	/3	8, BIRTHI Country	
9a. FACILITY NAME (If not institution,		70	9b. CITY. TOWN (OR LOCATION OF DE			INTY OF DE	Maryland
Balto. Co. Gene	eral Hosp.		, -	11stown			Balti	
Maryland 10b. c	Baltimore		TOWN OR LOCAL kesvill					10d. INSIDE CITY LIMITS? 1 YES 2 NO
Pikesville (Convalescent Hom	ne	10	21208				hat country? States
11. MARITAL STATUS KIX Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 SNR	If yes, sp	ENDENT OF HISPAR ecity Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	a or No—	14. RACE Black Specifi	- American Indian, Whita, atc. White
15, DECEDENT (Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	at of working	16b. KIND OF BU			
17. FATHER'S NAME (First, Middle, La	College Grad	kegis	tered N		ME (First, Middle, Maider		Ly	
John George 1	Francis Lips				herine A.		e	
19a. INFORMANT'S NAME (Type/Print		19b. MAILING A	ADDRESS (Street	and Number or Rural	Route Number, City or Tox	vn, State, Zi		
Mrs. Emily Mon					sville, MI		208	- 000
**Buriel 2 Cremetion 3 4 Donation 5 Other (Specify	Removal from State	other place) Lou		k Cemete			more	
21. SIGNATURE OF FUNERAL SERV	CE LICENSEE		Lorin	nd address of FA g Byers Liberty	Funeral Ho	ome		, MD 21133
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significent con	iditions contributing to death be	ut not resulting in	the underlyin	g ceuae given in		RMED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (CA	eck only one)			
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outp. 28e. DATE OF INJURY (Month, Day, Year)		OF 28c, IN.	ne 5 🗆 Residence JURY AT ORK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED	
2 Accident Investig 3 Suicide 8 Could r 4 Homicide determine	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st		YES 2 NO	281. LOCATION (Street City or Yown, State	and Numbe	er or Rural F	Route Number,
29a. CERTIFIER (Check only	PHYSICIAN: To the beat of my knowl) and manner as stated.
29b. SIGNATURE AND TITLE OF CE	i Mu			29c. LICENSE NU	MBER 37333	29d. DA	TE SIGNED	(Month, Day, Year)
C.RAV	ON WHO COMPLETED CAUSE OF DEA	GH, RA	Print) HVDA1	LISTON	N, M!	021	13	3 '
31. DATE FILED (Month, Day, Year) APR 1 77 1990	32. REGISTRAR'S SIGN	ATURE AND AND AND AND AND AND AND AND AND AND						

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	24 110
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13140	be executed within
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O. BOY	The law requires that the death certificate
7.	death
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ること	reduires
ī	SW
₹	The
DIVISION OF VITAL RECORDS, P.O.	PHYSICIAN:
NOIS!	TAL OR ATTENDING PHYSICIAN
⋚	S
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Marc Litt, M.D. 9000 Franklin Square Dr.

22. REGISTBAR'S SIGNATURE

an

1 71990

31. DATE FILED (Month, Day, Year,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH April 15, YEAR Louis LOPRESTI 1990 1:08 a 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 219-26-8293 1 X M 2 - F March 1, 1928 Italy 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 TYES 2 NO Kinasville FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE burial-transit 4 Vista View Court 21087 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES X white 1 TYES 2 NO Specify: В 3 Wildowed 4 Divorced use as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION lecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY /Spi 10 Elementary/Secondary (0-12) College (1-4 or 5+) 12 detached General Motors 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Caterina Favio pe # Carmelo LoPresti BE funeral director, page 5 should notitied 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John LoPresti 4 Vista View Court Kingsville, Md. 21087 pe 20e. METHOD OF DISPOSITION
1 M Buriel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Dulaney Valley Mem. April 18,1990 Timonium, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James & ▶ James F. Gladden Leonard J. Ruck Inc. 5305 Harford Rd. 21214 filled in by the medical 23. PART I. Enter the diseases, ex-emplications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between ю Onset and Desth IMMEDIATE CAUSE (Final cremation, the diseasa or condition Electrical Mechanical Dissociation completely event, resulting in desth) OUE TO (OR AS A CONSEQUENCE OF): prior to burlal, traumatic CERTIFICATION and Sequentially list conditions. QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immadiste the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that Initiated events resulting in desth) LAST shows any injury, PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and a AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 X NO signed Health a DF DEATH? 1 ☐ YES 2 ☐ NO Deed 0 has be. Dept. c PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h **FYAMINER?** HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 50 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DEŞCRIBE HOW INJURY OCCURED this c 28 is marked, 1 X Natural 5 Pending 1 YES 2 NO ВҰ After t 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED FUNERAL DIRECTOR: within 72 hours after 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTI be filed within 72 hours at IMPORTANT: If Item 2 29e CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year)

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	1 - STATE REGISTRAR		LAND / DEPARTI CERTIFIC			REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle. Les	LAFFER		F UNDER 1 YEAR	'	DATE OF BIRTH	_ /	EAR D	State or Foreign	
	212-09-7802A 9a. FACILITY NAME (if not institution, give	1 XXM 2 □ F 94	1 YRS.	ONTHS DAYS		/22/1895	9c. COUNTY	RUSSI		
TOR	SINAI HOSPITAL RESIDENCE OF DECEDENT	screen and number)			BALTIMORE		9e. COUNTY	OF DEATH		
DIRECTOR	MARYLAND 10b. COUR	TTY	10c. CITY,	TOWN OR LOCALTIMOR	ATION RE			L L	NSIDE CITY IMITS? YES 2 NO	
VERAL	3326 CLARKS LA.	, APT. A		10	01. ZIP CODE 21215			OF WHAT COUSA	DUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIYE WAR OR	S 2 XNO	If yea, s	CENDENT OF NISPANIC Of Specify Cuban, Maxican, Puris 20 NO Specify:					
LETED	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during m retired.)		18b. KIND OF BUS				
COMPL	17. FATNER'S NAME (First, Middle, Last)		SORTE	ar.	18. MOTHER'S NAME (AP MET	AL		
8E	JOSEPH LAFFERMAI 19a. INFORMANT'S NAME (Type/Print)	N	19b. MAILING A	DDRESS (Street	IDA and Number or Rural Route	UNKNOWN Number, City or Town	n, State, Zip Co	de)		
5	MRS. ESTHER SHUV		3505	BANCR	OFT RD. BA	LTIMORE,				
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Report A Other (Specify)	moval from State	Ob. PLACE OF DISPOSIT other place) BNAI ISF	RAEL		LOCATION — City or Town, State BALTIMORE, MD				
	21. SIGNATURING FUNERAL SERVICE	tellua		SOL		FACILITY ON & BROS., INC. ERSTOWN RD. BALTO., MD 2121				
	23 PART I. Enter the diseases, or shock, or have feilur immeDiate Cause (Final disease or condition resulting in death)	e. List only one cause on Proc	eed tha death. Do not a sech lins. Cumoud B A CONSCOUENCE OF):	t enter ths m	oda of dying, such sa	cardiac or respi	ratory arrea		Approximeta Interval Betwee Onset and Dee	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events out to (or as a consequence of):									
ERT	resulting in death) LAST	d								
MEDICAL	PART II. Other significant condit	ons contributing to death	the underlyi	ng cause given in Par	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:		OTHER:	PLACE OF OEATN (Check of					
РНУ	27. MANNER OF DEATN 1 Natural 5 Pending Investigation Investigation	28a. DATE OF INJUR (Month, Day, Yea.	Y 28b, TIME	OF 28c. If		d. OESCRIBE NOW I	NJURY OCCU	REO		
TED BY	2' Accident Investigation 3 Suicide 8 Could not 4 Homicide determined	28s. PLACE OF INJU	IRY — At home, farm, atropecify)	eet, factory, off	ilica 281	LOCATION (Street and City or Town, State)		Rural Route N	umber,	
COMPLET	Cornect Orley	YSICIAN: To the best of my kn			and the second second second				nenner as stated.	
O BE C	290. BIGHATUNE AND TITLE OF CERTIF	VINCEN M. B.	T KWOK A	KHEN T	29c. LICENSE NUMBER		29d. DATE 9	IGNED (Month), Day, Year)	
F	30. NAME-AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type. P.	Print)			7	/		

31. DATE FILEO (Month, Day, 1847).

APR 17, 1990

SPITAL OF BALTIMORE.

32. REGISTRAR'S SIGNATURE.

DNMH-16 Rev 1/89

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or death. Page 6 may be recained by the bosp	the funeral director, page 5 should be detache wat.	il examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Plage 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the amount of metric page 5 whould be detached within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF N) / DEPAR				MEN	ITAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	HAROL	D LESS	SANS				2. I	APRIL	ľ0,19	964	3. TIME OF DEATH 10:38 P. M
	4. SOCIAL SECURITY NUMBER 216-10-4873	5. SEX 1 M 2 F	8. AGE (In yrs	: lest birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. D	MONTH, Day, Year)	.914	8. BIRTH Counti	IPLACE (State or Foreign Y) MARYLAND
	98. FACILITY NAME (If not institution, give sti HOWARD COUNTY GE RESIDENCE OF DECEDENT		SP.				R LOCATION OF OR	EATH		9c. COU	HOW	eath IARD
DINECTOR	MARYLAND 10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION BALTIMORE							10d. INSIDE CITY LIMITS? 1 XYES 2 NO
LONEDAL	3213 LABYRINTH R		T EVED IN II C	ADMED	1 42 W		21208		DICINO /Consider Van		USA	WHAT COUNTRY?
	11. MARITAL STATUS Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF ITY YES 2 NO 14 yes, specify Cubar 1 YES 2 NO 15 NO 16 NO						city Cuban, Maxican, Puerto Rican, etc.) Black, A MO Specify: Specify:				k, White, etc.	
רבנוכט							IN st of working		166. KIND OF BUS	SINESS/INI ETAIL		
DE COMP	17. FATHER'S NAME (First, Middle, Last)	DAVI	D LESS	SANS			II	A	irst, Middle, Malden LESAN.	SKY		
	19a. INFORMANT'S NAME (Type/Print) MRS. SALLY LESSA 20a. METHOD OF DISPOSITION	NS	206 81	3213	LABY	RIN	TH RD.	BALTIMORE, MD 21208 or 20c. LOCATION — City or Town, State				
	1 Dental 2 Cremation 3 Remoderation 5 Other (Specify) 2. 21. SIGNATURE OF FUNETAL SERVICE LICE		oth	ORBAND		AME AI	ROSEDALE, MD E AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.					
	23. PART I. Enter the diseases, or o		t caused the	a death. Do i		010	REISTER	RSI	OWN RD.	BAL	.O.,	MD 21215
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	V-to	uch/	NSEQUENCE O	Qı Fi:							Interval Between Onset and Death
HILLAHON	Sequenticily list conditions, if any, leeding to immediate cause. Enter UNDERLYING		(OR AS A CO	ANO 6 NSEQUENCE O		Ne	WMT					
CERILLI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(DR AS A CO	NSEOUENCE O	F):							
PRISICIAN: MEDICAL	PART II. Other significant condition	s contributing to	death but r	not resulting	in the und	lerlyin	g cause given in	Part	24a. WAS AN PERFOR	RMED?	241	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
200	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	(ER/Outpatie	nt 3 🗆 DOA	OTHER	:	ACE OF DEATH (C)	CVI.				
DI PRI	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E	INJURY lay; Year)	28b. Tik	IE OF JURY M	WC	URY AT PRK? YES 2 NO	280	1. DESCRIBE HOW	INJURY O	CCURED	
בנו	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	etc. (Specify)	At home, farm,	street, facto	ory, offic	•	281	LOCATION (Street City or Town, State)	and Numbe	er or Rural	Route Number,
COMPLE	2 MEDICAL EXAMINE						leath occured at the	e time	, date and place, at	nd due to	the cause(a) and manner as stated.
2	29h. SIGMATURE AND TITLE OF CONTIFIED 30. RAME AND ADDRESS OF PERSON WITH	P	M P Q	Hendi	(g)		DMB	MBEF	1	29d, DA	4///	90 90
c	AND SC L	WArtz	M.D	. 68	or f	40	k Heig	h	& Ave	~ ~	212	15
	APR 17 1990	fu a Devid	m-Adn									

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF M					ALTH A		ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last,	,						_	2. DATE OF DEATN			3. TIME OF DEATH
	MARIE LILL		LEER						04 06	91	YEAR	05:10am M
1	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. les	st birthday)	IF UNDER	YEAR	IF UNDER 24	HRS.	7, DATE OF BIRTH	91	8. BIRTI	IPLACE (State or Foreign
	170-36-2009	1 🗆 M 2 🔀 F	82	YRS.	MONTHS	DAYS		MIN.	(Month, Day, Year) 01 08	08	Count	PA
<u> </u>	90. FACILITY NAME (If not institution, give SACRED HEART HOS						LOCATION RLAND		rN		FGA	
RECION	RESIDENCE OF DECEDENT			T to our	Y, TOWN O							10d. INSIDE CITY
	10e. STATE 10b. COUN							N T				LIMITS?
5		MERSET		RL) <u> </u>		KLETC)IV		100 00	TZEN OF	1 TYES 2 TO NO
\$	10e. STREET AND NUMBER			101.				10g. CITIZEN OF WNAT COUNTRY?				
FUNERAL	RD 1		101		155		OBJOHO (D W. V.	USA or No.— 14 BACE — American Indian.				
BY PU	t1. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2 NO If yes, specify Cuben, Mexice			Mexicen,	city: Specify:					
2	15. DECEDENT'S EC	UCATION	18e. DI	ECEDENT'S	USUAL OC	CUPATIO	N .		16b. KIND OF BUS	SINESS/IN	DUSTRY	
	(Specify only highest grade) Elementary/Secondary (0-12)	College (1-4 or 5 +	100	ive kind of a b. Do NOT us	work done d se retired.)	turing mos	t or working					
COMPL	9			House	wife							
5	17. FATNER'S NAME (First, Middle, Last)						18. MOTNE	R'S NAMI	E (First, Middle, Meiden	Sumame)		
_ 11	SAMUEL KOON	ITZ					MAF	RY CA	ATHERINE E	FIRES	STONE	3
n n	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street ar			ute Number, City or Tow			
2	SAMUEL LEER			1822	Bedf	ord	St.,	Cumb	perland, N	1D 2	21502	2
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO								own, State
	1 Buriel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	moval from State	SONE		MEMO	RTAT	PARE	ζ	SON	ÆRSI	ET, F	PA
- 1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE					D ADDRESS					
	De man				C	ONFL	UENCE	E, PA	AL HOME, 1 A 15424			
	23. PART I. Enter the diseases, o shock, or heart fallure	r complications tha	t caused the d	aath. Do	not enter	the mod	de of dyln	ig, such	aa cardisc or resp	iratory a	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	-					0 /					Onset and Death
- 1	disease or condition resulting in dasth)	CAL	(D) (D)	SE	NIC		SHO	000	<	_		
		a. CAA DUE TO DUE TO	(OR AS A CONSE	OUENCE O	F):			24	-			
Z	Commentative New conditions	· LEANIG	E(7)1	1/E	17/2	AR	1	111	-wrse			
3	Sequentially list conditions, If any, leading to immediate	DUE TO	(OR AS A CONSE	EQUENCE O	(F):							
5	cause. Enter UNDERLYING CAUSE (Disease or injury	c. CARD	wmy	01,10	1917	4						
=	that initiated events reaulting in death) LAST						- 011	0	ISEASE	_		į
CERTIFICATION	The same of the sa	d. COX	01014	17	11	412	y	14	ISKUSE	-	_	
AL C	PART il. Other significant conditi								Part I. 24a. WAS AN	AUTOPS	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5	RENAL PA	71 Lups-		Ut	205	EP	81	5	1 _ YES			COMPLETION OF CAUSE OF DEATH?
MEDIC	DARTTE	-	1176	2	Ris		Rend	C	alenda.			1 YES 2 NO
2	900/10 4 (13)	Elis.			0				_ 100			
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DE	ATH (Che	ck only one)			
ခ ေ	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE		e 5 🗆 Res	sidence 8	B ☐ Other (Specify)			
Ξ	27. MANNER OF DEATH	28e. DATE OF	INJURY	26b. TII		28c. INJ			28d. DESCRIBE HOW	INJURY O	CCURED	
7	t Netural 5 Pending	(Month, E	rear)	1111	JURY M	1 🗆	RK? res 2 🗌	NO				
	2 Accident investigation 3 Suicide a Could not t	28e. PLACE C	F INJURY — At I	nome, farm,	street, fac	tory, offic	•		28f. LOCATION (Street City or Town, State		er or Rura	Route Number,
	4 Nomicide detarmined		etc. (Specify)					- 1	Ony or rown, state	,		
COMPLETED	29a, CERTIFIER , SAPERTIEVING PM	YSICIAN: To the best of	l my knowledge (double occur	rad at the	time date	and place	and due i	to the cause(e) and me	nner ee s	tated.	
₹	(Critical Orlay											(a) and manner ea stated.
8					. W. E.							
BE	29b, SIGNATURE AND TITLE OF CERTII	214, 16.					29c. LICE	L 9	ν "7	290. D/	ILU .	(Month, Day, Year)
2	20 NAME AND ADDRESS OF BERSON	WHO COMPLETED ON	SE OF DEATH "T	'CM 27\ /7-	o Dripot		17	01		1 417150		
	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEATH (IT	Em 21) (1yp	e, mint)						14	
	31. OATE FILED (Month, Day, Year)	12 BEGISTE	AR'S SIGNATURE									
	APR 1 7 1990		n-Randell									
- 1	m min n / hJJU '	THE REPORT OF THE PARTY OF THE	V-VIVIVA									

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Niemae		1:tchell	2. DATE MONT	OF DEATH DAY	9 VEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/3 -14-8769		In yrs. lest birthday) #	UNDER 1 YEAR IF UNDER 24 H	RS. 7. DATE (Moni	OF BIRTH th, Day, Year) - 2 -0 7	8. BIRTH Counti	HPLACE (State or Foreign ry) MISS
98. FACILITY NAME (If not institution, give st	reet and number) R.d.	96	Ba 1 to	OF DEATH	9c. C	OUNTY OF D	EATH
10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION a / to				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1236 Kevin	Rd		10f. ZIP COOE 2/26	19	10g. (CITIZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 ☐ YES IF YES, GIVE WAR OR D.	2 NO	13. WAS DECENDENT OF H If yes, specify Cuben, M 1 YES 2 NO	ISPANIC ORIGII exican, Puerto Specify:	N? (Specify Yee or No- Ricen, atc.)	- 14. RACI Blac Spec	E — American Indian, k, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S USL (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most of working tired.)	161	. KIND OF BUSINESS/	INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER	S NAME (First,	Middle, Melden Surnam	9)	
19a. INFORMANT'S NAME (Type/Print);	land	19b. MAILING AD	DRESS (Street and Number of A	Rural Route Nun	nber, City or Town State,	Zip Code)	d 21229
20s. METHOD OF DISPOSITION 1 Striel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)		o. PLACE OF DISPOSITION Of the place)	ON (Name of cemetery, cremetor	ark	20c. LOCATION	- City or To	
21. SIGNATURE OF TUNERAL SERVICE LIC	Cl. spn;		Marie AND ADDRESS (of FACILITY A. H. W	Vest Ace		
23. PART I. Enter the diseeeee, procedure. IMMEDIATE CAUSE (Finel diseese or condition resulting in deeth) Sequentielly liet conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST	e. DUE TO (OR AS A DUE TO (OR A DUE		rost accident	t e e e e e e e e e e e e e e e e e e e	ulec or reepiratory	erreet,	Approximate Interval Between Onset and Deeth
PART II. Other eignificent condition	e contributing to deeth b	out not resulting in 1	he underlying ceuse give	en in Part I.	24s. WAS AN AUTOP PERFORMED? 1 YES 2 NO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEAT				
1 VES 2 W NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b, TIME O		28d. DE	er (Specify) ESCRIBE HOW INJURY	OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre	et, tectory, office	281, LO C/t	CATION (Street and Nur. y or Town, State)	nber or Rural	Route Number,
CONSTANT ONLY			it the time, date and place, er in my opinion, death occured				(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIED	- Keur	U)	29c. LICENS	NUMBER	29d.	DATE SIGNE	(Month, Day, Year)
2600 Liberty F	O COMPLETED CAUSE OF OIL	Baltine	M	2121	5		
APR1 71990	2. REGISTBAR'S SIGN	-Andese					

use as the burial-transit permit. Pages 1, 2, 3 should

FUNERAL DIRECTOR

TO BE COMPLETED BY

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execu	and	патіс
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tificat	phys one	ther
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Juns after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the state beet, or regulation wenter hydric prior to contact, or removed. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND C	/ DEPARTM	MENT OF H	EALTH AND N	MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)			Max	llins		2. DATE OF DEA	DAY	YEAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	mory 5. SEX 8.	AGE (In yrs. la		L L L L L S	IF UNDER 24 HRS.	4-12-9	н	A BIRTHPI	5:10AM M ACE (State or Foreign		
		1 M 2 F	61		ONTHS DAYS	HOURS MIN.	(Month, Day, Ye Sept.	 15,192	8 V1	rginia		
	9a. FACILITY NAME (If not institution, give str		-	91	b. CITY, TOWN O	R LOCATION OF DE			NTY OF DEAT			
OR	201 N. Broadway				Balti	lmore Cit	У					
DIRECTOR	10s. STATE 10b. COUNTY			10c. CITY, T	OWN OR LOCAT	ION			10	Dd. INSIDE CITY		
DIR.	Md.			В	altimo	ore			1	LIMITS? X YES 2 NO		
100. STREET AND NUMBER 101. ZIP CODE							_	10g. CIT		AT COUNTRY?		
FUNERAL	201 N.Broadway				1	2123			USA			
2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1 If yes, specify Cuban, Maxican, Puarto Ricen, atc.)							- American Indian, Whita, atc.				
В	3 Wildowed 4 Norced	IF YES, GIVE WAR			1 1 160	2 NO Specify	<i>i</i> :		Specify:	White		
	15. DECEDENT'S EDUC (Specify only highest grade of	CATION	16a. D	ECEDENT'S US	K done during mosetired.)	N st of working	16b. KIND C	OF BUSINESS/IN	JUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		h. Do NOT use n Disab								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			DISGN	Tea	18. MOTHER'S NAI	ME (First, Middle, N	Aniden Surname)				
	Bryan Mullins							Boggs				
38	19a. INFORMANT'S NAME (Type/Print)		1			nd Number or Rural F						
임	John Mullins					issus A				d.21237		
	20a. METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Remo	oval from State	20b. PLACI	E OF DISPOSITI	ON (Name of cen	metery, cremetory or emetery	. 2	BAlto		City or Town, Stats		
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Med	IGOMET		ND ADDRESS OF FA		DMICO	. FIG.			
	· Connelly 1	Funda	Ho	me						Ve.21221		
	23. PART i. Enter the diseases or conshock, or heart failure. I.	omplications that ca Liet only one ceuse	aused the o	deeth. Do not na.	anter the mo	da of dying, sucl	h as cardiec or	raspiratory a	rest,	Approximate interval Between		
	iMMEDIATE CAUSE (Final disease or condition	Ter bound	1-1	م بدادة م		- coulor (3:0000			Onset and Death		
	resulting in death)	0		COTIC C	ardiov	ascular (UISEASE					
z												
ERTIFICATION	Sequentielly list conditione, if any, leading to immediate	DUE TO (OF	R AS A CONS	EOUENCE OF):								
S	cause. Entar UNDERLYING CAUSE (Diseese or injury	c. Due to (O)	P 4S A CONS	EOUENCE OF):						-		
E I	that initiated events resulting in death) LAST		TAO A GOIL	EUGENCE OF,								
CE		d.	15 5 A - ad				=::		1 045 1	A THE POLY FRANCISCO		
CAL	PART II. Other eignificent conditions Diabetes and chr			11722	the underlyin	g ceuse given in	P	VAS AN AUTOPSY PERFORMED?		VERE AUTOPSY FINOINGS IWAILABLE PRIOR TO COMPLETION OF CAUSE		
E	Diabetes and on	Olite area	1101 0	Juse -			XX	YES 2 NO	0	OF DEATH?		
X							— HE	AD & ab		A TES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL					LACE OF DEATH (Ch			40,			
SIC	EXAMINER?	HOSPITAL:	R/Outpatient	3 DOA 4	OTHER:	ne 5 X Mesidanca	6 Other (Speci	(fy)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,		28b. TIME (RY WC	JURY AT ORK?	28d. DEŞCRIBE	HOW INJURY O	CURED			
ВУ	1 X Mulural 5 Pending 2 Accident Investigation	290 BLACE OF L	M 1 VES 2 NO				Comes and Numb	or Pural Bo	- to Missibag			
	3 Suicide 8 Could not be 4 Homicide datarmined	building, atc	28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rura building, atc. (Specify)					If Or Filler From	No Pennon,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	ICIAN: To the best of my	v knowledge.	death occurred	at the time, date	and place, and due	to the cause(a) a	nd menner as st	ated.			
A I	(Check duly	ER: On the basis of exam								and menner as stated.		
	206. SUCHATURE AND TITLE OF CENTIFIER	A				29c. LICENSE NUI	MBER	29d. OA		Month, Day, Year)		
BE	1 Vm	1				OCME			4-12-	90		

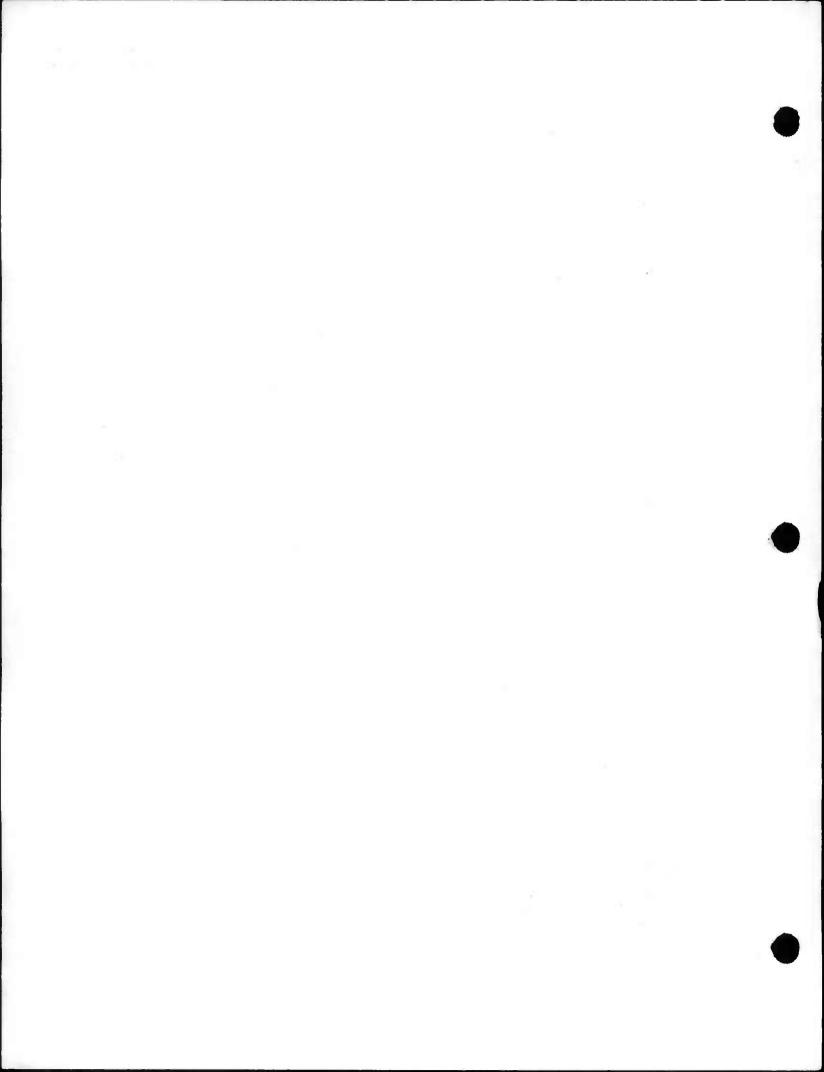
TEO CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, MD 21201 KAPLAN, MD JAMES

32 REGISTRAR'S SIGNATURE APR1 7 1990 31. DATE FILED (Mon

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VC



HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	in 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTER	TO THE FUNERAL DIRECTOR	be filed within 72 hours after death with	IMPORTANT: If item 28 Is marked

1. DECEDENT'S NAME (F									DATE OF DEATH		YEAR	3. TIME OF DE	ATH
John Andr									4 12		90	7:00	7
4. SOCIAL SECURITY NU 216-10-47		5. SEX	6. AGE (In yrs.	(YRS.	IF UNDER	DAYS	HOURS MIN	7. 0	Month Day, Year)		Countr		Foreign
9a. FACILITY NAME (# no	,,,	4.5	90	THS.	21 21				10-16-				
VAMC, For	-						R LOCATION OF	DEATH			ITY OF O		
RESIDENCE OF D		.u			FO	RT_HO	DWARD			Ва.	Ltimo	ore	
10a. STATE	10b. COUNT	Υ		10c. CIT	ry, town o	OR LOCATI	ON				10d. INSIDE CITY LIMITS?		ry
Maryland	Balti	more		BAT	T.TTM0	ORE						1 YES ZX	NO
10e. STREET AND NUMB						10f.	ZIP CODE			10g. CITI	CITIZEN OF WHAT COUNTRY?		
6911 Ç2 Du	nmanway					2:	1222	2			USA		
11. MARITAL STATUS	ARMED	13.	WAS OECE	NDENT OF HIS	PANIC O	NIC ORIGIN? (Specify Yee or No—							
	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced					1 TYES	2 NO Sp	ecify:	en, Puerto Ricen, etc.) Ity:			Specify:	
	ECEDENT'S EDU	10-14-2)-13-2		CCUPATIO	м	_	16b. KIND OF BUS	INESS (INC	WHITE		
(Specify Elementary/Secondar	only highest grade	College (1-4 or 5		(Give kind of life, Do NOT us	work done				160. KIND OF BOS	SINC 33/INC	NO STREET		
Unknown		College (1-4 or 5		SHIP Y	ARD I	WORKI	ER.		Mfg.				
17. FATHER'S NAME (First				31111 1	IIICD (WOILE.		NAME (F	irst, Middle, Maiden	Sumame)			
Unknown							Unkr	OWr	1				
19e. INFORMANT'S NAM	E (Type/Print)			19b, MAILING	G ADDRESS	S (Street an		-	Number, City or Tow	n, State, Zip	Code)		
CLINICAL	RECORDS			VA	Med:	ical	Center	. F	t. Howard	d Ma	ryls	and 210	52
			20b. PL/	ACE OF DISPO	SITION (No	ame of cem	etery, crematory	or	20c. LO	CATION -	City or To	wn, State	-
4 Donation 5 0	nuon 3 ⊔ Hem her (Specify)	IOVAI from State	1 Burial 2 Cremation 3 Removal from State of										
21 SIGNATURE OF THE	4 Donation 5 Other (Specify) Greenmount							**7	DA	1+0	MA		
21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton Funeral H							D ADDRESS OF	FACILIT	Υ	lto.	•		
S. SIGNATURE OF PONE	FRAL SERVICE LI	CEVSEE ()	- Gr	eenmo	22. B	rad.	Lev-As	FACILIT htc	n FUne	ral	Hom	e. INc	
1	ter.	S. G	alif	e~	B 2	rad. 134	Ley-As WIllo	htc w S	on FUne SPring	ral Rd.D	Hom Und	e, INC	1.21
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VA MEDICAL CENTER FORT HOWARD, MARYLAND
32. REGISTRAR'S SIGNATURE
Fishia Davidson-Randelle

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PETER JUVAN, M.D.

31. DATE PLEP (Morith, Day, Year)

APR 1 7 1990

21052

13146,
BOX
P.0.
RECORDS,
NITAL :
9
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2* nouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT O		MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last	MAGGIE	MURDOCK		2. DATE OF DEATH ON THE CONTROL OF T	AY YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 2/2-32-4856 98. FACILITY NAME (If not institution, give	5. SEX 8. AGE (Ir	yrs. last birthday) IF UNDER 1 YRS. MONTHS D.	EAR IF UNDER 24 HRS. AYS HOURS MIN. DWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year)	12 1	BIRTHPLACE (State or Foreign Country)		
TOR	BELAIR CONVALESAL	RIUM 6116 Bela	ir Rd. Balti	more,Mary	and				
DIRECTOR	MAYUMA 106, COUN	ту	10c. CIPA TOWN OR I	more			10d. INSIDE CITY LIMITS? 1 VES 2 NO		
FUNERAL	130/ HAR	lem Ave	,	101. ZIP CODE 2/2/	7	10g. CITIZEN	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO If yo	S DECENDENT OF HISPAI de, specify Cuban, Mexico YES 2 10 Specifi	in, Puerto Ricen, atc.)	s or No— 14.	RACE — American Indian, Black, White, stc.		
COMPLETED	15. DECEDENT'S ED (Specify only highest gre- Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16e. DECEDENT'S USUAL OCCL (Give kind of work done duri life- to NOT use retired.)	PATION ng most of working	16b. KIND OF BU	SINESS/INDUST	N		
	17. FATHER'S NAME (First, Middle, Last)	t		n/	ME (First, Middle, Maider	Surname)			
TO BE	190. INFORMANT'S NAME (Type/Print)	ine Beau	19b. MAILING ADORESS (S	treet and Number or Rural	Rouge Number, City or Tox	vn, State, Ap Coo	21085		
	20a. MPTHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	moval from State	PLACE OF DISPOSITION (Name other prince)	of cemetery, crematory or	20c. L(CATION — City	or Toyfi, State		
	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE FURSI	22, NA	ME AND ADDRESS OF THE	LESS FUN	Veral BAIX	Home 1216		
	23. PART I. Enter the diseases, D. shock, or heart failure	r complications that caused b. List only one cause on ea	the death. Do not enter thach line.	e mode of dying, suc	ch aa cardiac or resp	piratory arrest	Approximate interval Between		
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	CARDIA	TE ARRI	537	SELOI	VOAR	Onset and Death		
N	Sequentially list conditions,	. 70 A	CONSEQUENCE OF):	MYOC	ARDI,	AC			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	· INFA	CONSEQUENCE OF):						
ERT	resulting in death) LAST	d							
PHYSICIAN: MEDICAL C	PART II. Other significant capditi	ona contributing to death bu	ut not resulting in the unde	Part i. 24e. WAS AI PERFO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
AN:	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C)	hack anti-area				
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	g Home 5 - Residence					
PHY	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY	Sc. INJURY AT WORK?	28d. DEŞCRIBE NOW	INJURY OCCUR	RED		
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY	- At home, farm, street, factory			81. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	could be a second of the secon	ICIAN: To the best of my knowl					suse(s) and manner as stated.		
BE	20b. SIGNATURE AND TITLE OF DEATH	ees-		29c. LICENSE NU	MBER SPP	29d. DATE SI	IGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON V	VNO COMPLETEO CAUSE OF DEA	ATN (ITEM 27) (Type, Print)			1			
	31. DATE FILED (Month, Day, Year) APR 1 7 1990	32. REGISTRAR'S SIGN	ATURE Randelle	····	· · · · · · · · · · · · · · · · · · ·	¥ . 7			

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITA! RECORDS P.O. BOX 13146.

DIVIDION OF VITAL RECORDS, 7.C. BOX 13149,	BALLIMONE, MANILAND 21203-3140
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ir death. Page 6 may be retained by the hospital or attending physician.
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IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMDIFTED BY DHYSICIAN: MEDICAL CEDTIFICATION	TO BE COMPIETED BY CHINEDAL DIDECTOR

APR1 71990

	1 - FOR STATE REGISTRAR	STATE OF MAR			ENT OF H		MENTAL HYGIEI REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) ELEANO	R	MA	411	/				EAR .	TIME OF DEATH	A
	4. SOCIAL SECURITY NUMBER 558 09 0065	5. SEX 6. /	AGE (In yrs. lest		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 22	1915	BIRTHPLA Country)	ACE (State or Foreign ifornia	
r O	9a. FACILITY NAME (If not institution, give s Holy Cross Hosp	•		96		r Spring		9c. COUNTY	y of DEAT		
DIRECTOR	residence of Decedent 10a. state Maryland Mont	gomery		10c. CITY, TO	OWN OR LOCAT	r Spring			1.2	d, INSIDE CITY LIMITS?	
	100. STREET AND NUMBER 1202 North Belg					20902			N OF WNA	YES 2 NO	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 XX	MED FO	If yes, sp				Black, W	States American Indian, Phite, atc. Vhite	
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 years	CATION o completed) College (1-4 or 5+)	(Gi				16b. KIND OF B				
BE CON	17. FATHER'S NAME (First, Middle, Last) Isadore Romm					1-1	ME (First, Middle, Maide Hoffman				
2	19a. INFORMANT'S NAME (Type/Print) Robert A. Starr						oute Number, City or To			20850	
	20a, METHOD OF OISPOSITION 1 \(\omega \) Burial 2 \(\omega \) Cremation 3 \(\omega \) Rem 4 \(\omega \) Donation 5 \(\omega \) Other (Specify)		other pla	ece)	ebanon	cemetery cremetory or	y Ad	ocation — cr elphi,			
	21. SIGNATURE OF FUNERAL SERVICE LIN	Detain			DONALD		N HEBREW I				
				_							
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause		2000		de of dying, suci		piretory arres		Approximate interval Betwee Onset and De Z Luce	en
-ICALION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OUE TO (OR	AS A CONSECUTION AS A C	DUENCE OF):		de of dying, suci	aa cardiac or rea	piretory arres		Approximate interval Between	en
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	a. OUE TO (OR	AS A CONSEC	DUENCE OF):		de of dying, suci	aa cardiac or rea	piretory arres		Approximate interval Between	en
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PHYSICIAN: MEDICAL CE	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of the conditi	a. OUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSECTION OF THE PROPERTY OF THE PROPERT	DUENCE OF): DUENCE OF):	he underlyin 26. Pi THER: Nursing Hon F 28c. INL	g cause given in	Part I. 24a. WAS A PERFO	IN AUTOPSY DRIMED?	24b. Will AW CC DF	Approximate interval Between Onset and De On	een with
BY PHYSICIAN: MEDICAL CE	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Natural 5 Pending	B. OUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	as a consecutation of the cons	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): 28b. TIME OF INJURY	he underlyin 26. Pi THER: Nursing Hon M 1	g cause given in LACE OF DEATH (Chine 5 Residence JURY AT 19KS 2 NO	Part I. 24a. WAS A PERFO	IN AUTOPSY DRIMED?	24b. WI AW COP 1	Approximate interval Between Onset and De Onset and De Con	een with
BY PHYSICIAN: MEDICAL CE	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	B. OUE TO (OR DUE TO (as a consection of the consect	DUENCE OF): DUENC	he underlyin 26. Pi THER: Nursing Hon F 28c. INV M 1	g cause given in LACE OF DEATH (Chine 5 Residence URRY AT URRY AT URRY 2 NO	Part I. 24a. WAS A PERFO 1 YES Ock only one) 28d. DESCRIBE HOW City or Town, State to the cause(a) and m	IN AUTOPSY DRINED? I INJURY OCCU It and Number or	24b. Wil AM COF	Approximate interval Between Conset and De C	een eeth eeth eeth eeth eeth eeth eeth e
PHYSICIAN: MEDICAL CE	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	B. OUE TO (OR DUE	as a consecutive as a c	DUENCE OF): DUENC	he underlying 26. Pi THER: Nursing Hon F 28c. INV M 1 1 et, factory, office it the time, data	g cause given in LACE OF DEATH (Chine 5 Residence URRY AT URRY AT URRY 2 NO	Part I. 24a. WAS A PERF 1 YES 26d only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and m time, data and place,	IN AUTOPSY PRIMED? IN INJURY OCCU It and Number of the and due to the and due to the and the arms.	24b. WI AN CCOPF 1	Approximate interval Between Conset and De C	een eeth eeth eeth eeth eeth eeth eeth e

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TO BE COMPLETED BY FUNERAL DIRECTOR

10352

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INCOCEDENTS ANAME (Prof. MONDAY L. CAM.	_ STATE REGISTRAR		OIMIL OI	C	ERTIF	CATE O	F DEAT	TH	HEITIA	REG. NO	0.			
387-36-1766	1. DECEDENT'S NAME (First,	Middle, Last)	m.	MAYO	R						DAY / /	90	3. TIME OF DEAT	H
SEASCHT MALE (Fine Inhabition, pure intention of manifold) Season Control of Delath Section of Delath Section of Delath Section of Delath Section of Delath Season of Dela									7. DATE (Mont	of BIRTH	905	8. BIRTI	HPLACE (State or Fo (IV) LINOIS	reign
MONTGOMERY SECURITY SILVER SPRING	MID ATLANT	IC NUI									-			
3308 SOLOHON'S COURT 1. MARITAL STATUS 1. MARITAL	Da. STATE	10b. COUNT											LIMITS?	
LIMANTE STATUS Continued C		ON'S	COURT								10g. CI			
Cline black of most down dring most of working EDUCATION	☐ Never Married 2 🔀		FORCES?	1 YES 2 🖵	RMED	If yes	DECENDENT C	OF HISPAN In, Mexica	n, Puerto		es or No—	Blec	ck, White, atc.	
SANE AS # 10 SA	(Specify only Elamentary/Secondary (0-	highest grade	completed)	(0	Sive kind of v a. Do NO T us	work done during se retired.)	most of working			ED	UCATI	ON		
SAME AS # 10 S. METROD OF DISPOSITION Desposition Des	OTTO LERO	Y M	ILLER	1 10	b MAII ING	Annoese /s-								
Burial 2-2 Cremation 3 Removal from State METROPOLITAN CREMATORY ALEXANDRIA, VA.	OHN MAYOR	all rail			SAM	E AS #	10	or noral	ribbie Num					
Approximate abook, or heart fellure. List only one cause on each line. Approximate abook, or heart fellure. List only one cause on each line. Approximate abook, or heart fellure. List only one cause on each line. Approximate abook, or heart fellure. List only one cause on each line. Approximate abook, or heart fellure. List only one cause on each line. Approximate abook, or heart fellure. List only one cause on each line. Approximate abook, or heart fellure. List only one cause on each line. Approximate abook, or heart fellure. List only one cause on each line. Approximate abook, or heart fellure. List only one cause of line. Approximate abook, or heart fellure. List only one cause of line. Approximate abook, or heart fellure. List only one cause of line. Approximate abook, or heart fellure. List only one cause of line. Approximate abook, or heart fellure. List only one cause of line. Approximate and	☐ Burial 2 ★ Cremation ☐ Donation 5 ☐ Other	n 3 🗆 Rem (Specify)		other p	lace)	LITAN (22. NAMI MURI	CREMAT E AND ADDRE EL H.	ORY SS OF FA BAR	BER	AL FUNER	EXAND	RIA,	VA.	
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	Sequantielly list condition in the condi	late NG	b	O (OR AS A CONSE	OUENCE O	f):	aw I				year			
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 2 Residence 8 Other (Specify) 7. MANNER OF DEATH 1 Natural 2 Natural 2 Natural 3 Natural 4 North, Day, Year) 2 North, Day, Year)		-	d tns contributing t	o daath but not	reaulting	in the underl	ying cause	given in	Part I.	PERF	ORMED?	7 24	AVAILABLE PRIOR COMPLETION DF OF DEATH?	CAUSE
Natural 2 Accident 3 Suicide 4 Homicide 9e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examinion and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(e) and manner as stated. 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	EXAMINER?	MEDICAL		☐ ER/Outpetlent	3 🗆 DOA	OTHER:								
3 Suicide 4 Homicide 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 9e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(e) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	Natural 5 🗆					JURY	WORK?	□ NO	28d. DE	SCRIBE HOV	V INJURY O	CCURED		
(Check only one) 2 MEDICAL EXAMINER: On the basis of examining and/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examining and/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICEUSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	3 Suicide 8		28e. PLACE buildin	OF INJURY — At h g, etc. (Specify)	ome, farm,	street, factory,	offica		281. LO	CATION (Street or Town, Sta	et and Numb ite)	er or Runal	Route Number,	
Began Arming on Md xlossof > 4/1/50	(Check only												(a) and menner sa	betate
The Drive Chres 1 to Course of Death (ITEM 27) (Typer Grin) All Pirine Philip Drive, Chres 1600	(Segon)	An	ming 1	20			29c. LJC	ENSE NU	063	F/	29d. D/	TE SIGNE	D (Month, Day, Year)	
II. DATE FAUD (Month, One Har)	MENJ	AMIN HOLL	22 PEGIST	ZWAIN	EM 27) (Type	Trink) (M	1 Pr	4110	- CI	عران	Dry	ve, C	Lucy Ad	200

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:

Jurs after death. Page 6 may be retained by the hospital or attending physician.

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BALTIMORE, MARYLAND 21203-3146

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: TH	TO THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or iten

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		16			2. DATE OF D	DEATH DAY	7515	3. TIME OF DEATH
Wilda L. Mille:	r				монтн 4	15	90	м
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		8. BIRTI Count	HPLACE (State or Foreign
219-30-8650 9a. FACILITY NAME (If not institution, give s	1 M 2 SF	O.J. YRS.		LOCATION OF DE	8-25		COUNTY OF E	PA.
1111 Argonne Dr.			BAlto					
10a. STATE 10b. COUNTY	r	10c. CFTY, TO	OWN OR LOCATION	PN				10d. INSIDE CITY LIMITS?
Md.			Balto.					1√√ YES 2 □ NO
10e. STREET AND NUMBER			101.	CIP CODE	_	10g.		WHAT COUNTRY?
1111 Argonne Dr.	12. WAS DECEDENT EVER I	MII C ADMED	42 WAS DECE	2121 IDENT OF HISPAN		andle Van er No.		SA E — American Indian,
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spec	ify Cuban, Mexica	n, Puerto Rican		Blac	k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAN ON D	ATES	1 763	K NO Specify	·.		Spec	w wille
15. DECEDENT'S EDUI	CATION completed)	16a. DECEDENT'S USI	done during most	af working	16b. KIN	D OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	•				
	3	Nurse				Church		•
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			ne)	
Philip B. Mc Afe	e	105 MAII INC AD	DBESS (Smeet on	Hilda Number or Rural I			Zin Codel	
C-MICCONSTITUTES								
Joseph W. Miller		b. PLACE OF DISPOSITION		Dr. Bal	to., M	20c. LOCATION		own. State
1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) Parkwood				Balto.		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	TALKWOOD	22. NAME AND	ADDRESS OF FA	CILITY	Darto.	, riu,	
Come &	may?			. Mille				
23. PART i. Enter the diseases, pr	complications that cause	d the death. Do not		elair R				Approximeta
ahock, or heert fallure.	List only one ceuse on e	ech ilne.	anter the mod	e or uying, suc	ii as cardiac	Di Teapitatori	alleat,	intervel Batween Onset and Death
IMMEDIATE CAUSE (Finel disease or condition	M	0.1:07	of set					
resulting in deeth)	a. MyC	A CONSEQUENCE OF):	MANGE	on		-		minutes
	. Dia	etts ne	litus					30 VIS
if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						1.0
cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO (OR AS	rfersion						30 yrs
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	1. 1.2.	- 10				2
	d	rong Avt	vy ouse	are.				ayıs .
PART ii. Other aignificant condition				cause given in	Part I. 24	. WAS AN AUTOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Paripheral	Vascular di	spore			10	YES 2 N		COMPLETION OF CAUSE OF DEATH?
hypoth	roidism					, ,		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PL/	CE OF DEATH (Ch	eck only one)			
1 VES 2 NO	1 Inpetient 2 ER/Out	patient 3 DOA 4	☐ Nursing Home	5 Residence				
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y WOF	RY AT IK? ES 2 NO	28d, DEŞÇRI	BE HOW INJURY	OCCURED	
2 Accident Investigation	28e. PLACE OF INJUR	Y At home, farm, stre		3 2 NO	281. LOCATIO	N (Street and Nu	mber or Rumi	Route Number.
3 Suicida 6 Could not be 4 Homicide determined	bullding, atc. (Spe	icify)	,,,			wn, State)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	riados dasth annum d	at the time date:	and place, and dis-	to the owner's) and manner a	n stated	
cone)	ER: On the basis of axamination							(a) and manner as stated.
29b. SIGNATURE AND TITLE UF CERTIFIE				29c. LICENSE NUI	Million rescuent	0.000		D (Month, Day, Year)
D-10 1	10001	act of		D 36		290.	4	16/90
30. NAME AND ADDRESS OF MERSON WI	O COMPLETED CAUSE OF D	RSY OFM, MI)	int) ,				- 11	0/10
Daniel P. Sul	masy, oFm, 1	nD Joh	ns Hapkins	- Divis	ion of	Alkern	el ma	line, Bolt, M)
APR 1 7 1990	32 REGISTRAR'S SIGN							

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	---	--	--	--

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF	RTMENT OF			GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Randol	ph		Make:		2. DATE OF DE	DAY YE	3. TIME OF DEATH 9:07A	
	4. SOCIAL SECURITY NUMBER 216 26 7977 9a. FACILITY NAME (If not institution, give s	1∑ M 2 □ F	AGE (In yrs. last birthday) 50 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIF (Month, Day, 7 - 30 - 1	TTH 8. Year)	BIRTHPLACE (State or Foreign Country) Md •	
CTOR	Maryland General Hospital RESIDENCE OF DECEDENT			<u> </u>	litmore (City			
FUNERAL DIRECTOR	Md . 10e. STREET AND NUMBER	Y	10c. Cr	BAlto			Mar. 7	10d. INSIDE CITY LIMITS? 1 VES 2 NO	
NERA	2004 McCulloh				21:	217	U	J.S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAF	YES 2X 00	If you, a	CENDENT OF NISPA Decify Cuban, Maxic S 2 NO Speci	an, Puerto Rican,		RACE — American Indian, Black, Whita, alc. Specify: U • S • A •	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind at life. Do NOT	s usual occupat work done during m use retired.)			of Business/INDUST	IRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Nathan Brewei	<u>^</u>				ame (First, Middle, sie Ma	Maiden Surname) Kel		
10	19a. INFORMANT'S NAME (Type/Print) Rosalie Make	el						f. 21217	
	20e. METHOD OF DISPOSITION **Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGN TUE OF FUNERAL SERVICE LI		20b. PLACE OF DISPO other place) Arbu	tus	Md •				
	James	4. mo		Jam 170	es A. M Laure	orton	BAlto.	, Md. 21217	
NC	23. PAPF I. Entar the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	OVERS BUE TO (O Necro	whe; ming Se R AS A CONSEQUENCE O Dizing Pa	epsis Pp: ancreati		ch as cardiac o	r respiratory arrest	t, Approximate Interval Between Onset and Desth	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	1000	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF						
PHYSICIAN: MEDICAL O	PART II. Other significant condition		eath but not resulting		ng cause given in		WAS AN AUTOPSY PERFORMED? YES 文架 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	PR/Outpatient 3 □ DOA	OTHER:	PLACE OF DEATH (C		clfv)		
ВУ РНУ	27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	26a. DATE OF IN (Month, Day,	JURY 26b. TI	ME OF 28c. IN	JURY AT ORK? YES 2 NO		E NOW INJURY OCCUR	NEO	
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF building, at	INJURY — At home, farm c. (Specify)	, street, factory, off	ce		81. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	000)		y knowledge, death occumination and/or investigat					cause(a) and manner as stated.	
BE	29b. SIGNATURE AND TELL OF CERTIFIE	iion	mo		29c. LICENSE NU	IMBER	29d. DATE S	IGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON W Jeffrey Bennic				land Gene	eral Hos	spital		
	ADD 1 71990	32. REGISTRAR							

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE	0F	MARYLAND C	/ DEPARTI
7	DECEDENTIC MARK (C)-4 Middle	Local			

FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIENS		
1. DECEDENT'S NAME (First, N	liddle, Last)		OLITIII IC	AIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
MARGARET		ELIZABETH	Mad	GOWEN		MONTH DAY		AR
4. SOCIAL SECURITY NUMBER	3			F UNDER 1 YEAR	IF UNDER 24 HRS.	APRIL 15	1990	7:30 A. M
			Mc	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	0	ountry)
219-30-6156			/ 3	- CITY TOWN O	R LOCATION OF DE	July 7 19	9c. COUNTY	aryland
						AIR .		
3397 Littlet	on Way	Apt. D		Pasade			Anne	Arundel
10a. STATE	Ob. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIOE CITY LIMITS?
Maryland .	Anne A	rundel	Pas	adena				1 TYES 2 NO
10e. STREET AND NUMBER			•	77	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
397 Littleto	n Way	Apt. D		-	21122		USA	
11. MARITAL STATUS		12. WAS DECEDENT EVER IF	U.S. ARMED		60 de de 60	IIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian,
1 Never Married 2 M	arried	FORCES? 1 YES			cify Cuben, Mexica 2 X NO Specifi	n, Puarto Rican, etc.)		Black, White, atc. Specify:
3 Widowed 4 Divorc	ed	ir 123, Give wen on bi	1123	1 1 163	Z K) NO Specify	,.		White
15. DECE	ENT'S EOUCA	TION	16a. DECEDENT'S US	SUAL OCCUPATION	IN .	16b. KIND OF BUS	INESS/INDUST	RY
(Specify only in Elementary/Secondary (0-1	alghest grade co	ompleted) College (1-4 or 5+)	(Give kind of wor life, Do NOT use i	k done during mo- etired.)	st of working			
8th	"'	None	Waitre	5.0		Restau	rant	
17. FATHER'S NAME (First, Mid	din Last)	none	Waltie	30	18. MOTHER'S NA	ME (First, Middle, Meiden		
John		nry E	verd		Elizab			0.74
19a, INFORMANT'S NAME (Typ		III y		DDDECQ (Church o		Route Number, City or Town	Bahn	
Elizabeth	Mack					t. G, Pasa		
20a. METHOD OF DISPOSITIO		ral from State	PLACE OF DISPOSIT other place)				CATION — City	
4 Donation 5 Other (Glen Have			Gle	n Burn	ie, Maryland
21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE /		T NOT H	TON FUNE	CRAL HOME		
1/1/1	non	01/2011	uson/			S.W., GLEN	RURNTE	, MD 21061
23. PART . Enter the dis	2000	mollestions that cause	the death Do not					
		lat only one cause on e		differ the file	de or dying, acc	il as cardiac or respi	atory arreat,	Interval Between
IMMEDIATE CAUSE (Fina	I			121		20 2		Onset and Death
disease Dr condition reaulting in death)	· .	Conf	CONSEQUENCE OF):	la	en	1 si Cura		
		DUE TO (ORIAS)	CONSEQUENCE OF):			-117-117	_	
	b.		Ventr'	culan	h	hwillan "	200	
Sequentially list condition If any, leading to immedite		DUE TO (OR AS A	CONSEQUENCE OF):			.,,	_	
cause. Enter UNDERLYIN CAUSE (Disease or injury		- Lu	ulhil	1 m	ميوءما	la in	6	
that initieted events		OUE TO (OR AS	CONSEQUENCE OF):	0		au j	- Co	100
reaulting in deeth) LAST	d.							-
PART II. Other significan	t conditiona	contributing to deeth b	ut not recuiting in	the underlying	g ceuse given in	Pert i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 _ YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
								1 TES 2 NO
25. WAS CASE REFERRED TO	MEDICAL	· ·		26. PI	ACE OF DEATH (CI	neck only one)		
EXAMINER?		HOSPITAL:		OTHER:	- F C Books	A C Other (County)		
27. MANNER OF OEATH		1 Inpatient 2 ER/Out	28b. TIME			6 Other (Specify) 28d, DESCRIBE HOW I	A III IBY OCCUP	ED.
1 Natural 5 P	endina	(Month, Day, Year)	INJUI	RY WO	RK?	200. DESCRIBE HOW I	NJOHT OCCUM	-
	vestigation			1	YES 2 NO			
	ould not be	28s. PLACE OF INJURY building, etc. (Spe	— At home, farm, str cify)	eet, factory, offic	•	28f. LOCATION (Street a City or Town, State)	ind Number or F	Rural Route Number,
4 Homicide d	etarmined							
29a. CERTIFIER (Check only 1 CERTII	FYING PHYSIC	IAN: To the best of my know	ledge, death occurred	at the time, date	and place, and due	to the cause(a) and man	ner ea stated.	
onol	AL EXAMINER	: On the beele of examination	n and/or investigation,	in my opinion, o	leath occured at the	time, date and place, an	d due to the ca	use(a) and manner as stated.
29b, SIGNATURE AND TITLE	A CERTIFIER		-	3	29c. LICENSE NU	MRED	204 DATE SI	CNED (Month One Mar)
ASIA SIGNALORE AND THE	- VERTIFIER	()	9	-	0 1 0		DATE SI	GNED (Month, Day, Year)
			\/		YIS	508	- 1-7	W. 16 18
30. NAME AND ADDRESS OF					. 16 1	1 01061	(0	- 206
Charles Wu M	υ, 160			n surni	e, Mary	and 21061	(Sult	e 300)
100 17 100	n dul	30 REGISTRAR POIGH						

CEON: no

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24

ITEMS: 23 thru 28f per ME G-663

3. TIME OF DEATH

6:49PM

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

YES 2 NO

WHITE

MO- 21224

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? XX YES 2 NO

N

29d, DATE SIGNED (Month, Day, Year)

4-10-90

29c. LICENSE NUMBER

111 Penn Street, Baltimore, MD 21201

OCME

intarval Between Onset and Death

8 BIRTHPI ACE (State or Foreign

after death, Page 6 may be retained by the hospital or attending physician, artending physician and completely filled in by the funeral director, page 5 should be nntal Hygiene prior to burial, cremation, or removal. executed within HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be signed by the atter Health and Mental has been s Dept. of H DIRECTOR; After this certificate I hours after death with the State

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Pages 1, 2, 3 should

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marked,

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Item 28

BE

2

MATURE AND TITLE OF CENTIFIER

MARGARITA A. KORELL, MD

30. NAME AND ALL RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. AEGISTRAP'S SIGNATURED CONTROL OF THE STATE OF THE ST

Re

FUNERAL (within 72 h IMPORTANT: If

THE

223

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 4-9-90 Manfra Dorothy 4 NN 5. SEX A. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 215-54-1848 DAYS HOURS 1 M 2 F YRS 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Johns Hopkins Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MORE 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10t. ZIP COOE 21224 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-2 Married It yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 40USE WIFE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code! 20a. METHOD OF DISPOSITION
1
Burlel 2 Cremation 20b. PLACE OF DISPOSITION (Name of cametery crametory or 20c. LOCATION - City or Town. State 3 🗆 Be NMO 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DWARD J. 401 CHESTE 5. 23. PART i. Enter the diseases. complications that caused the deeth. Do not enter the mode of dying, euch ae cardiac or respiratory arrest, shock, or heart fallage. List only one ceuse on each line. IMMEDIATE CAUSE (Final diseese or condition . NARCOTIC AND MULTIPLE DRUG INTOXICATION reculting in death) DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART II. Other significent conditions contributing to deeth but not requiting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 XXES 2 NO lient 2℃⊈R/Outpatient 3 □ DOA ne 5 🗆 Rasidence 8 🗆 Other (Specify) 4 Nursing Ho 27. MANNER OF DEATH 26s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 NO IND 4-9-90 BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide determined AT 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. EDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

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OF VITAL RECORDS, P.O. BOX 13146,	
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DIVISION	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF					TAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)						2. 0	ATE OF DEATH			TIME OF DEATH	
	Lillian M.	Nemera						MONTH 4 - 16 - 90 12:20 AM				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE	_	IF UNDER 24 H	- /	ATE OF BIRTH Wonth, Day, Year)	8.		ACE (State or Foreign	
	213-03-9183	1 🗆 M 2 💢 F 💮 8	3 YRS.	MONTHS D/	AYS H	IOURS M	114.		1906		vlamd	
	9a. FACILITY NAME (If not institution, give st	treet and number)		9ь. СПУ, ТО	WN OR I	LOCATION (OF DEATH		9c. COUNT			
OB	1248 Delbert Av	renue		Bal	tim	ore						
<u></u> 등	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Υ	10c, CIT	Y, TOWN OR L	OCATION	N				10	d. INSIDE CITY	
DIRECTOR	Maryland		В	altim	ore					12	LIMITS?	
	10e. STREET AND NUMBER			101. ZIP CODE					10g. CITIZEN OF WH			
FUNERAL	1248 Delbert A	venue		21222				U.S.A.				
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED					RIGIN? (Specify Yea			American Indian, Vhita, atc.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES				NO S		erto Ricen, etc.)			White	
		<u> </u>	1								WILLE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done durli se retired.)	ng most o	of working		18b. KIND OF BUS	SINESS/INDUS	HY		
2	Elamentary/Secondary (0-12) 5th	College (1-4 or 5 +)		nploy				Esska	V			
OM	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	'S NAME (F	irst, Middle, Maiden				
	Henry	Henry Lee					otti	e !	Hadda	way		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and	Number or i	Rural Route	Number, City or Tow	n, State, Zip C	ode)		
5	Mr. Edward Nem							ıe Balt	Balto. Md. 21224			
	20s. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	owni from State	0b. PLACE OF DISPO						20c. LOCATION — City or Town, State			
	4 Donation 5 Other (Specify)		1d/State	e Vet	era	ns C	emet	ery Ga	rrisc	n,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	A P		J 0	sep.	h N.	Zan	nino J	r. Du	ner	al Home	
	Exocul 1	Mann	mA	263	3 S.	. Co	nkli	ng Stre	eet B	alto	2. Mai 224	
	23. PART & Enter the diseases, of	complications that caus	ed the death. Do	not entar th	e mode	of dying	, such as	cardiac or reap	Iratory arras	nt,	Approximate	
	IMMEDIATE CAUSE (Final	shock, or heart failing List only one cause on each line. IMMEDIATE CAUSE (Final										
	disease or condition	. Cor	\$120 m	lonon	05	ts A	FRE	cat				
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions,	b. DUE TO COR AS	A CONSEQUENCE O	200	(0)	15						
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING	DOE TO (OR AS	A CONSEQUENCE (л-):							İ	
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	OF):								
RT	reaulting in death) LAST	d										
	ART ii. Other algolificent condition	ne contributing to death	hut not moulting	In the unde	-lulos d	anuna alu	on in Dort	I Dan Mile AN	AITTOREY	245.19	ERE AUTOPSY FINDINGS	
CAL	PART II. Other alginicent condition	is contributing to death	but not resulting	in the unde	cause give	en in Part	PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Di								1 NES	NO	D	F DEATH?	
ME										1	YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	T			26 Pt A/	CE OF DEAT	TH /Check o	aty one)		<u> </u>		
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	utantiant 2 11 DOA	OTHER:								
HYS	27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b. Ti	ME OF 28	Bc. INJUF	RY AT		Other (Specify)	INJURY OCCU	RED		
	Natural 5 Pending	(Month, Day, Year) 11	JURY M	WORK 1 YE	K? S 2 N	10					
BY	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF INJU	RY — At home, farm,	street, factory	, offica		281	281. LOCATION (Street and Number or Rural Route Number,				
TEC	4 Homicide detarmined	building, etc. (S)	респу)					City or Town, State	,			
J.E	29a. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my kno	owledge, death occur	red at the time	n, data ar	nd place, ar	nd due to th	ne cause(a) and ma	nner aa stated	1.		
COMPLETED	and)	ER: On the basis of examinat	tion and/or investigat	lon, in my opir	nion, de	nth occured	at the time	, data and place, ar	nd dua to the	cause(a) a	and menner as stated.	
U C	296. SIGNATURE AND TITLE OF CERTIFIE	R / A	\cap		-	29c. LICENS	SE NUMBER		29d. DATE	SIGNED (A	Aonth, Day, Year)	
0	M. Lelin	sh V	M 1)		(y)-	254	51	D 4	-/1.	7-	
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)			1					
	M. Welinsz	w 3'	1113	an h		57	1					
	31. DATE FILED (Month, Day, View 90	32 REGISTRAR'S SH	GNATURE CONCERNATION	1 3								

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFI	MENT OF H		MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)		Anna Oe	Anna Oechsler				5 9č	EAR /	:35 A	
	4. SOCIAL SECURITY NUMBER 218-40-9840	5. SEX 6. AGE (In yrs. lest birthdey) 1 N 2 F YRS. 6. AGE (In yrs. lest birthdey) YRS. MONTHS DAYS HOURS MIN. (Month, Day,									
OR	9a. FACILITY NAME (It not institution, give s Francis Scott Key		- 1		R LOCATION OF DE	ATH		9c. COUNTY OF DEATH (ity			
DIRECTOR	10a. STATE 10b. COUNT				ion Le		LIMITS?			INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 421 South Bonsas	l Street	<u> </u>	101. ZIP CODE 2/224				10g. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	ARMEO II. WAS DECENDENT OF HISPANIC ORIGIN? (Specify In yea, apecify Cuban, Maxican, Puerto Ricen, etc.) I YES 2 NO Specify:					Yea or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(Give kind of we	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working file. Do NOT use retired.)			18b. KIND OF BUSINESS/INOUSTRY					
	17. FATHER'S NAME (First, Middle, Last) Adam Smith	nouse	Housework At Hon 18. MOTHER'S NAME (First, Middle, Malden Surre Augusta?								
TO BE	19a. INFORMANT'S NAME (Type/Print) Elizabeth A. (ree	evey	1701	Dundal	nd Number or Rural P R Avenue	Route Numble	, Md.	21222	5		
	20a. METHOO OF DISPOSITION 1 © Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	> Charles	D. Zeile	~	Char	les S.Zei	ler o	S. Son	Inc.	5224 Faste	rn Ave.	
	23. PART I. Enter the diseasee, or ehock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Nutu			de of dying, suc	h ee cardi	ec or respi	ratory erreet	t,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially liet conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition		th but not resulting li	n the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED!	CON OF I	NE AUTOPSY FINDINGS NABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF OEATH (Ch	eck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 11 Inpetient 2 - ER	Outpetient 3 DOA	OTHER: 4 Nursing Horn	e 5 🗆 Residence	6 🗆 Other	(Specify)				
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	ANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)				28d. DEŞCRIBE HOW INJURY OCCURED					
	3 Suicide e Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							Rural Route	Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYIAG PHYS	_//	nation and/or investigation							I manner se stated.	
BE	29b. SIGNATURE AND TITLE OF CENTURE	29b. SIGNATURE AND TITLE OF CERTIFIED				JMBER 29d. DATE SIGNED 92			SIGNED (Mor	nth, Day, Year)	
10	30, NAME AND ADDRESS OF THE SON WI	HO COMPLETED CAUSE O	F OEATH (ITEM 27) (Type,	Print)							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE Tandelle								

31 (62)

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funeral		
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After this certificate has been signed by the attending physician and completely filled in by the funeral director	cremati	
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Brill	the	
this c	with	
After	death	

30. NAME AND ADDRESS OF PERSON

APR 17 1990

Margaret Mullins MD, 31. DATE FILED (Month, Dey, Yber)

											JU	10	00.	
	FOR STATE REGISTRAR	STATE OF M			TMENT O			MENTAI	L HYGIEN REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME O	F OEATH	-
	SARA	MART	TN		OVERCA	SH		APRI		199	YEAR	1	:10 A	М
1 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less		IF UNDER 1 Y		UNDER 24 HRS.		OF BIRTH	1//		_	ate or Foreign	
	192-32-9830	1 🗆 M 2 💢 F		YRS.	MONTHS D	AYS HO	OURS MIN.		n, Day, Year)	٠,	Countr	ry)		
	9e. FACILITY NAME (If not institution, give s		85		AL OUTLY TO	Wal 02 1	OCATION OF DE	May	13 19	04	Pen:	nsylv	ania	
-		_			,			CAIN		96. 000	NIT OF D	EAIN		
2	Meridian Nursing	Home			Sever	na I	Park			Ann	e Ar	<u>undel</u>		
DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CIT	Y. TOWN OR L	LOCATION						10d. INSI	DE CITY	
<u> </u>	Pennsylvania Ada	m.c		Co	+ + 							LIMIT	157 2 📆 NO	
	100. STREET AND NUMBER	1115		Ge	ttysbu		P CODE			I an a CIT	TEN OF Y	WHAT COUN	AL	
₹						171 11						WHAI COUR	11117	
FUNERAL	30 E. High Street						7325				USA			
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS OECEDENT FORCES? 1	TEVER IN U.S. AR	MED 10			DENT OF HISPAN y Cuban, Mexica			or No—	14. RACI Black	E — Americ k, White, et	en Indien, c.	
BY I	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES				NO Specify				Spec	ffy:		
					1	-		_				Whi	te	
	15. DECEDENT'S EDU- (Specify only highest grade	completed)	(G	ive kind of	Work done duri		f working	16b	. KIND OF BU	SINESS/INC	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT b	,									
를	12th	3	Te	ache	r				nnsylv		Ele	m. Sc	hools	3
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16	. MOTHER'S NA	ME (First, I	Middle, Maiden	Surneme)				
BE	David		Ma	rtin			Ella			P	atri	ck		
10	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (S	treet and i	Number or Rural I	Floute Num	ber, City or Tow	n, State, Zh	Code)			
F	Ralph M. Overca	sh	1	17 L	inwood	Ave	e., Gle	n Bu	rnie,	Mary:	land	210	061	
	20e. METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremation 3 🗆 Rem		20b. PLACE other pi		SITION (Name	of cemete	ry, crematory or		20c. LO	CATION —	City or To	own, State		
	4 Donetion 5 Other (Specify)	OVIII IIOM STATU		,	n Ceme	tery	7		Get	tysb	irg.	Pa.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	•		22. NA	ME ANO	ADDRESS OF FA							
	1 9 H	9/1/					ON FUN							
	1. Heorge	Heprain	-				ID AVE.							
	23. PART I. Enter the diseases, or shock, or heart failure.				not enter th	e mode	of dying, suc	h as can	diac or reap	iratory ar	rest,		proximate ervai Betw	
	IMMEDIATE CAUSE (Final	Λ		-/		^	/					Ons	set and Da	aath
	disease or condition reaulting in death)	. (0	MALANO	MAM	man	1//	WION					-		
	Todaling in adding	DUE TO	OF AS A COUSE	QUENCE C	F):	1.		. /		,		./		
z	Sequentially ilet conditions. Commany artifly distance - isokemic Candemy partly													
CERTIFICATION	Sequentially ilst conditions, if any, landing to immediate	DUE TO	OR AS A CONSE	QUENCE C	F):		***************************************			1		7		
8	cause. Entar UNDERLYING CAUSE (Disease or injury	C.										-		
Ē	that initiated evants	DUE TO	(OR AS A CONSE	QUENCE C	F):									
E	resulting in death) LAST	d												
2	DARY II Other significant condition	a a a marilla attana da	death had and		In the count	ata da ana		Devid I			1			
1 4 1	PART II. Other significant condition	A	A 1	, /	/ La	riying c	ause given in	Part I.	24a. WAS AN PERFOI		240	AVAILABLE	TOPSY FINDII E PRIOR TO	
EDICAL	l — — — U	promo a	TAME VA	MAL	DI/WY			_	1 TYES	NO		OF DEATH	ION OF CAUS	SE
E E		Unile A	menta	11						(*		1 TYES	2 🗌 NO	
	,	,	, ,	1										
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL					26. PLAC	E OF DEATH (Ch	heck only o	ne)					
1 28	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	a Home	5 🗆 Residence	6 □ Othe	er (Specify)					
	27. MANNER OF DEATH	28a. DATE OF		28b. TII		Bc. INJUR		28d. DE	SCRIBE HOW	INJURY OC	CURED			
	1 Natural 5 - Pending	(Month, D	my, Yoar)	M	JURY	WORK 1 YES	7 2 🗌 NO							
B A	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At he	ome, farm,	street, factory	r, office		26f. LOC	CATION (Street	and Numbe	r or Rural	Route Numb	ber,	_
	4 Homicide 6 Could not be	building,	etc. (Specify)						or Town, State					
	29e. CERTIFIER							<u> </u>						
I de	(Check only	ICIAN: To the best of												
COMPL	2 MEDICAL EXAMINI	ER: On the basis of e	xamination and/or	investigati	on, in my opir	nion, deat	th occured at the	ilme, date	e and place, a	nd due to t	he cause((e) end man	ner ee state	d.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	n n	11: 1	mo		2	Sc. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Di	ay, Year)	
0 8		14 /111	Mas	111/			1263	37.	5		4//	31	90	
$I \neq I$	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (7vp	e. Print)						-/			

586 Bellereive Drive, Annapolis, Maryland
32. REGISTRAR'S SIGNATURE

21401 (Suite 2B)

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

APR1 7 1990

102, REGISTRAN'S SIGNATURE

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First,	Middle, Last)	Pier	Leola			2. DATE OF DEATH	DAY YE	AR .		
	4. SOCIAL SECURITY NUMBER 214-32-7432	2	5. SEX 8. AG	iE (in yrs. last birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/8/19(0. B	HITTHPLACE (State or Foreign ountry) INNXEMME ILL.		
TOR	DORCHESTER GENERAL HOSPITAL CAMBRIDGE DO							9c. COUNTY (OF DEATH CHESTER		
DIRECTOR	RESIDENCE OF DEC 10a. STATE MD.	10b. COUNTY DORCH	ESTER		OWN OR LOCATION RIDGE				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 300 OAKLEY				10f. ZIP CODE 10g. C 2 16 13				OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo	R IN U.S. ARMED ES 2 TNO R DATES	13. WAS DEC	RACE — American Indian, Black, White, etc. Specify: WHITE							
COMPLETED	15. DEC (Specify onl Elementary/Secondary (C	EDENT'S EDUCA y highest grade o	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use n	UAL OCCUPATION Advised to the desired of the desire	DN st of working	USINESS/INDUST	STRY			
BE COM	17. FATHER'S NAME (First, M		N HOLMES				E (First, Middle, Maide E MAE WH				
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. NANCY PATTERSON (daughter) 300 Oakley St., Cambridge, Md. 21613										
	20a. METHOD OF DISPOSIT 1 ☐ Burlal 2 ☐ Crematic 4 ☼ Donation 5 ☐ Other	(Specify)	val from State	20b. PLACE OF DISPOSITI other place)				OCATION — City	or Town, State		
	21. SIGNATURE	al SERVICE LICE	Melber	4-17-90		E ANATOMY		BALTO.,	MD. 21201		
	23. PART J Enter the d shock, or h iMMEDIATE CAUSE (Fi disease or condition reaulting in death)	eert feliure. L	ist only one cause of	n each iina.					Approximata interval Between great and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
		PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
: MEDICAL	PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO		HOSPITAL:		OTHER:	LACE OF OEATH (Chi					
BY PHYS	27, MANNER OF OEATH	ER OF OEATH 28a. DATE OF INJURY 28b. TIME (Month, Day, Year) 28b. TIME INJURY			OF 28c. IN	JURY AT DRK? YES 2 NO	6 ☐ Other (Specify) 28d. 0E\$CRIBE HOW INJURY OCCURED				
	a D Culate	Could not be determined	28e. PLACE OF INJ building, atc. (URY — At home, farm, str Specify)	eet, factory, offi	:0	261. LOCATION (Stree City or Town, Sta		Rural Route Number,		
COMPLETED	continue only			nowledge, death occurred ation and/or investigation,					nuse(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITU	Luth	s us	H. Ayliff		29c. LICENSE NUN		29d. DATE SI	GNED (Month, Day, Year)		
-	30. NAME AND ADDRESS O	PERSON WHO	COMPLETED CAUSE OF			212	C 4	0,00	~ 40		

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Margaret P. Parker

1 -

YEAR

90

3. TIME OF DEATH

1:30 P

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DIVISION OF VITAL RECORDS, F.O. BOX 13149,	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nou	FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled
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>	R AT	DEC
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	HO	El sa

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday, 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 03-27-03 DAVE 162-01-5919 1 M 2 X F 87 Pennsylvania Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 701 Locust St. DIRECTOR Cambridge, Maryland Dorchester RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Dorchester Cambridge, 1 VES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 701 Locust Street 21613 U.S.A. retained by the hospital or attending physician. 5 should be detached for use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noiff yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: 3 Widowed 4 Divorced BY White ETED 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15 DECEDENT'S EDUCATION (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 11 Secretary Office once. 17. FATHER'S NAME (First Middle Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) 百 John C. Paul Matilda Gibson BE director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Lewis M. Burdette, M.D. 4 Aurora Street; Cambridge, MD 21613 pe 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20a. METHOD OF DISPOSITION 20c. LOCATION -- City or Town, State after death. Page 6 may 1 Donation 5 Other (Specify) must examiner H. SIGNATURE OF TIMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY malla STATE ANATOMY BOARD, BALTO., MD. 21201 removal. medical 23. PART LEnter the diseases,/or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, u by ahock, or heart fallure. List only one cause on each line. Interval Between 10 IMMEDIATE CAUSE (Finel Onset and Death cremation, the disease or condition Arteriosclerotic Cardiovascular Disease resulting in death) Years event, DUE TO (OR AS A CONSEQUENCE OF) to bunal, traumatic CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or injury other Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events reculting in deeth) LAST 0 any injury, PART II. Other aignificant conditions contributing to deeth but not recuiting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY MEDICAL MAR ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO Shows 1 YES 2 NO to Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Hem State HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 ☑ Residence 8 ☐ Other (Specify) 6 the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, With 1 Natural
2 Accident 5 Pending Investigation М 1 YES 2 NO BY death 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 80 ED 6 Could not be after ... 28 4 Homicide COMPLET hours 29a. CERTIFIER (Check only 1 💢 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE filed within 72 ho 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE urdelle D 00880 04-13-90 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Lewis M. Burdette, M.D. 4 Aurora Street Cambridge, MD 21613 AN REGITALS SIGNAPOROLE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

MONTH

13DAY

MARGARITA A. KORELL, MD

APR1 7 1990

32 REGISTRAD'S SIGNATURE

BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	HEDDOTANT. If How 20 is marked as them 20 shows any intern or other trainful at months assuring must be mailfied at once
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Je, Powell W. Dewitt 4-9-90 11:15PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 4-24-69 219-78-2414 DAYS 1 🗗 M 2 🗌 F YRS 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH University of Maryland DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10d. INSIDE CITY 10c. CITY TOWN OR LOCATION more 1 PES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f, ZIP CODE 5. 12 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYSES 2 2 100 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No It yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 HO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Po NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) emolou 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Su 器 9 METHOD OF DISPOSITION Ob. PLACE OF DISPOSITION (Nat 2 Cremation 3 Removal from State ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE S. Russ 23. PA 1. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiretory arrest, **Approximate** shock, or heert fallure. List only one cause on each line. Onset and Desth **IMMEDIATE CAUSE (Finsi** disesse or condition . Gunshot wounds to right shoulder and right groin resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE XXXYES 2 NO OF DEATH? XXXVES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence S | Other (Specify) XXXXES 2 NO 1 Inpatient 2 NB9/Outpatient 3 I DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YESXXX NO FOUND: 4-9-90 9:51PM Subject shot BY 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 1220 Tree Leaf Court, Baltimore *X Momicide Playground 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the deuse(a) and memoer se stated. XMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and piece, end due to the cause(e) end menner ee stated. CNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 1hell 4-10-90 OCME 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Md 21201

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	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF			NTAL HYGIENE REG. NO.			
		PARKS					pr. 15.19		3. TIME OF DEATH 4:55 A. M	
	721-18-2659	□ M 2 🕰 F	n yrs. lest birthday) 75 YRS.	IF UNDER 1 YEAR	HOURS	MIN.	Month, Day, Year) 3-15-1915	P	BIRTHPLACE (State or Foreign Country) ennsylvania	
OR	99. FACILITY NAME (If not institution, give street Manor Care Nursing RESIDENCE OF DECEDENT		ville		ville,			Balt	imore	
BY FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	imore		dle Riv		rylar	nd I	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ∰ NO 10g. CITIZEN OF WHAT COUNTRY?		
FUNER/	1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes		Mexican, P	ORIGIN? (Specify Yes o		SeAe. RACE — American Indian, Black, White, etc. Spacify:	
COMPLETED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	ION replated) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUP work done during see retired.)	ITION		16b. KIND OF BUSI		White	
BE COMP	17. FATHER'S NAME (First, Middle, Last) Daniel Bowers	0		ly Line		Wea	Bedding (First, Middle, Melden S Lithy Rus	Surneme) Sh		
10	190. INFORMANT'S NAME (Type/Print) Daranda W. Sherman						to Number, City or Town,		de)	
	20a_METHOD OF DISPOSITION 1 Burlet 2 Cremellon 3 Remove 4 Donation 5 Other (Specify)	f from State	other place)	Cemete	cometery, cremat	lory or			o Marylan d	
	21. SIGNATURE OF FUNERAL SERVICE LICEN George A. Webe			22, NAM	AND ADDRESS					
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart feiture. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	only one cause on ea	CONSEQUENCE C	OF):			Acerd		interval Batween	
CAL	PART II. Other significant conditions	contributing to death b		In the upder	ving cause gi	ven in Pa	PERFORI	MED	24b WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDI		OSPITAL: Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY	28b. Till IN	OTHER: 4 X Nursing ME OF JURY M 1	INJURY AT WORK?	Idence 6 (Other (Specify) 8d. DEŞCRIBE HOW IN 81. LOCATION (Street a			
COMPLETED	4 Homicide determined	building, etc. (Spec		red at the time,	date and place, t	and due to	City or Town, State) the cause(s) and man	ner as stated.		
BE		On the beste of examination	n end/or investigat	ion, in my opinic		ISE NUMBE		29d. DATE S	cause(e) and manner as stated. SIGNEO (Month, Day, Year) r. 16, 1990	
2	30. NAME AND ADDRESS OF PERSON WHO Naeem Gauhar, M.D.	404 Easter	n Blvd.	Fssex	Maryl	and 2	21220			
	31. DATE FILED (Morith, Day, Year) APR 1 7 1990	32. PROISTRAR'S SIGN	ATURE PANOLE	2						

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beath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ithin 24 thors after death. Page 6 may be retained by the host	etely filled in by the funeral director, page 5 should be detache emation, or removal.	nt, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 heaves after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF REGISTRAR	F MARYLAND /		ICATE				NENIAL NIG REG				
	1. OECEDENT'S MAME (First, Middle, Lest)							2. OATE OF DEA	ТН		3.	TIME OF DEATH
	Mary B. Ritter	7						4	13		90 s	1040 AM
	4. SOCIAL SECURITY SUMBER 5. SEX	8. AGE (In yrs. ia	sl birthday)	IF UNDER 1	YEAR	IF UNDER 24	HRS.	7. DATE OF BIRT			8. BIRTHPL	ACE (State or Foreign
- 1	215-01-5802 1□M2₩	F 89	YRS.	MONTHS (DAYS H	HOURS	MIN.	11/12/	19	00	Mary	land
- 1	9e. raCILiTY NAME (If not institution, give street and number		~	9b. CITY, T	OWN OR	LOCATION	OF DE				JNTY OF DEA	
۳	Anne Arundel Genera	1		Anr	าลทด	lis				An	ne Ar	undel
5	RESIDENCE OF DECEDENT									1111		
DIRECTOR	100. STATE 10b. COUNTY MD Baltim	ore	10c. CIT	Y, TOWN OR	LOCATIO	N					10	d. INSIDE CITY LIMITS?
		OLC										YES 2 X NO
₹ I	10e. STREET ANO NUMBER					IP CODE				10g. CI1	TIZEN OF WHA	AT COUNTRY?
	806 Edmondson Avenu					2122					USA	
BY FUNERAL	1 Never Married 2 Merried FORCES?	DENT EVER IN U.S. AI		lf y	yes, speci	ity Cuban,	Mexical	IC ORIGIN? (Speci n, Puerto Ricen, at		or No-	14. RACE Black, V	Americen Indien, Vhite, atc.
'n	3 ☑ Widowed 4 ☐ Divorced	VE WAR OR DATES		10	YES 1	(XNO	Specify	:			Specify: whit	
	15. DECEDENT'S EDUCATION	18e, D	ECEDENT'S	USUAL OCC	CUPATION			18b. KIND C	F BUS	SINESS/IN		
	(Specify only highest grade completed) Elamentery/Secondery (0-12) College (1-4	///	Give kind of le. Do NOT u	work done dui se retired.)	ring most	of working						
COMPLET	unknown		omem	aker				own	ı h	ome		
<u></u>	17. FATHER'S NAME (First, Middle, Last)				1	18. MOTHE	R'S NA	ME (First, Middle, M	alden	Sumame)		
шІ	Howard J. Beck					Mar	y E	Elizabe	th	Ri	ley	
0	19e. INFORMANT'S NAME (Type/Print)							Route Number, City				
ř	Marylee Canfield		378	Berks	shir	e D	riv	re/Riva	١,	MD	2114	10
	20s. METHOD OF DISPOSITION XXX Buriel 2 ☐ Cremetion 3 ☐ Removal from Stat	20b. PLACE	OF DISPO	SITION (Nem	e of cemet	tery, creme	tory or				- City or Town	
	4 Donetion 5 Other (Specify)	Wood	dlaw	n Cen							ore,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	0 0		22. N/ S t	ter]	ADDRESS	A S	shton F	ur	era	1 Hon	ne. PA
	AU & Jater & UA	ht										21228
	23. PART I. Enter the diseases, or complications shock, or heart fellure. List only one			not enter ti	he mode	e of dyln	g, suci	h as cerdiac Dr	resp	retory e	rrest,	Approximate Interval Between
	INDIANA CALIFORNIA			A								Onset and Death
	disease pr condition resulting in death)	SAH477	HW	11/4		FA	T	AL				
	DU	E TO (OR AS A CONSE	EOUENCE C	OF):			A .	1 1 / 04	- /	111	0.0.	00.00
Z O	Sequentially list conditions,	E TO (OR AS A CONSE	CL(240	CLC	2	AN	110/ASCULAM DISONSE				
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CAL	PART II. Other significant conditions contributing	_				1	ven in			AUTOPSY	A	ERE AUTOPSY FINDINGS WAILABLE PRIDR TO
- 1	ILECEIV	PELVIC	- 19/	VOCK	/	1		_ '''	ES 2	NO		OMPLETION OF CAUSE F DEATH?
M	FRACTURG							_			1	☐ YES 2 ☐ NO
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PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINERY HOSPITAL			OTHER:		CE OF OE	ATH (Ch	eck only one)				
\Z		2 ER/Outputlent	_	_			idence	S Other (Special 28d, OESCRIBE	_		0041750	
		nth, Day, Year)	28b. TH	JURY M	28c. INJUR		20	77				- FELL
B	2 Accident Investigation	ACE OF INJURY — ALL	Yome farm	street factor		3 Z [<u>Z</u>]	NO	281. LOCATION (
0	3 Suicide S Could not be but	ding, etc. (Specify)	ronne, rennn,	atreet, factor	ry, omca			City or Town,			er or narer not	ne number,
Ē	29a, CERTIFIER	tome							_			
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: On the beautiful one of the property of t											
ဂ္ဂ		of examination endo	r investigati	on, in my op					ce, e			
BE	296, SIGNATURE AND TITLE OF CERTIFIER					29c. LICE	NSE NUI	MBER 7				fonth, Day, Year) $3-90$
2	1 a llea	04110F 05 55 45		- 54-4		V 3	1	1) (_		-1	5-10
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (IT	EM 27) (Typ	e, Print)								
	31. DATE FILED (Month, Day Year) 22 BEG	TRAR'S SIGNATURE	~ <u>~</u>	care the					_			
	APR 1 7 1990 32. REG	PARTS SIGNATURE	-Aand	A STA	1.4							

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1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physitum.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	Sa	them 28 to marked or them 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
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•	FOR STATE 0 1 - STATE REGISTRAR	F MARYLAND /				EALTH AND I	MENT	AL HYGIENI REG. NO.	E		
1	4. SOCIAL SECURITY NUMBER 5. SEX	SCOVA		IF UNDER		IF UNDER 24 HRS,	7, DAT	E OF BIRTH		YEAR	TIME OF DEATH 9 45 M ACE (State or Foreign
JR.	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH										
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE MARYLAND 10b. COUNTY		10c. CITY, TOWN OR LOCATION BAL'TIMORE				11			d. INSIDE CITY LIMITS? YES 2 NO	
BY FUNERAL	4000 CHARLES ST., APT					ZIP CODE 21218			U	SA	AT COUNTRY?
	1 Never Married 2 Merried FORCES?	EDENT EVER IN U.S. AR 1 TYES 2 X N IVE WAR OR DATES	MED IO		If yes, spe	ENDENT OF HISPAN Helfy Cuban, Mexica 2 NO Specify	n, Puert		or No— 1	4. RACE — Black, V Specify:	American Indian, thite, etc. WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary(Secondary (0-12) 1.2	(G	ve kind of Do NOT u	work done				ON AGENCY			
BE COM	17. FATHER'S NAME (First, Middle, Last) CARL LEHMAN	'				16, MOTHER'S NA	ME (First		Sumame) DSMIT	Н	
TO B	196. INFORMANT'S NAME (Type/Print) MR. BARRY RASCOVAR 206. METHOD OF DISPOSITION		141	HOPK	INS	RD. BAL		ORE, MD	21	212	
	20s. METHOD PISPOSITION 1 GyBurlei 2 Cremetion 3 Removal from Start 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	other ni	lens.	RID	GE	ID ADDRESS OF FA	ÇILITY	PI	KESVI		
	23. BART i. Enter the diseases, or complication	OURL s that coused the de	eth, Do		6010	LEVINSO REISTER	RSTO	WN RD.	BALT	O., M	D 21215
	ehock, or heart fellure. List only one iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	Acute n	1400	car	dial	infar	cti	on.			interval Between Onset and Death
CERTIFICATION	If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events	ny, leading to immediate se. Enter UNDERLYING ISE (Disease or Injury									
	PART II. Other eignificent conditione contribution	ng to death but not i	esuiting	in the u	nderiyin	g ceuee given in	Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS
: MEDICA								1 🗆 YES 2		0	MILLAGE PROVIDED TO COMPLETION DF CAUSE F DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Nongetter	L: 2 ER/Outpetient 3	□ DOA	OTHE	R:	ACE OF DEATH (Ch					
BY PHYSICIAN:	27. MANNER OF DEATH 28a. DA	TE OF INJURY orth, Day, Year)	28b. Till		28c. INJ WC			DESCRIBE HOW I	NJURY OCCI	URED	
8	3 Suicide 6 Could not be 4 Homicide determined	ACE OF INJURY — At holding, etc. (Specify)					C	OCATION (Street of lity or Town, State)			ite Number,
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as a										
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED					29c. LICENSE NU			≥ Å	1 il o	fonth, Dey, Year)
	K.P.BHADHA . H			Sinc	ù H	apita	1.				
13 p	APR 17 1990 Juli Davi	doon-Aandal	-								DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

FOR STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND	MENTAL HYGIE REG. N		
1. DECEDENT'S NAME (First, Middle,	Last)			2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
Rose Rose	M. Ruppert	Ruppert		4 4 12	12 90	
4. SOCIAL SECURITY NUMBER 219-56-4034			ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) 7-5-02		BIRTHPLACE (State or Foreign Country) Md.
9e. FACILITY NAME (If not Institution,	give street and number)		TY, TOWN OR LOCATION OF D		9c. COUNTY	
Balto. County	Gen. Hosp.	Rai	ndallstown		Bal	to.
Balto. County RESIDENCE OF DECEDEN 10e. STATE 10b. CC	Balto.	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	arco.		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
10221 Harvest 1. Marital status	Fields Dr		21163			USA
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED 1	. WAS DECENDENT OF HISPA		es or No- 14.	RACE - American Indien,
1 ☐ Never Merried 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	FORCES? 1 YES		If yes, specify Cuban, Mexico 1 YES 2 X NO Specif			Black, White, atc. Specify:White
15. DECEDENT' (Specify only highest Elementary/Secondery (0-12) 8 17. FATHER'S NAME (First, Middle, La		16a. DECEDENT'S USUAL (Give kind of work don life, Do NOT use retired	OCCUPATION e during most of working	16b. KIND OF B	USINESS/INDUS	TRY
8	College (1-4 or 5+)	Homemaker				
17. FATHER'S NAME (First, Middle, La	st)	Homemater	18. MOTHER'S NA	AME (First, Middle, Melde	an Surname)	
		MArkert	Anna (ross		
19e. INFORMANT'S NAME (Type/Print)		SS (Street end Number or Rural		own, State, Zip Co	de)
Anna C. Ruark		10221 1	Harvest Field	de Dr. Woo	detock.	Md 21163
20e. METHOD OF DISPOSITION		Ob. PLACE OF DISPOSITION	Name of cemetery, crematory or		LOCATION — City	
1 💢 Burlet 2 🗌 Cremation 3 🗆 4 🗆 Donation 5 🗆 Other (Specify)	Holy Redeem		Ва	lto., N	
21. SIGNATURE OF FUNERAL SERVI	CI LICENSEE		2. NAME AND ADDRESS OF F John C. Mille 6415 Belair F	er Inc.	, Md. 2	21206
Sequentistly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST	c	A CONSEQUENCE OF):	ard dis			
PART II. Other algorificant con	ditiona contributing to deeth	but not resulting in the	undarlying ceuse given in	PERF	AN AUTOPSY CORMED? 2 TV NO	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH						
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:	ОТН	28. PLACE OF OEATH (C	theck only one)		
1 YES 2 NO	1 🗓 Inpatient 2 🗆 ER/Ou	utpatient 3 DOA 4 DI	lursing Home 5 - Residence		44 104 44	DED.
27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)		28c. INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCU	HEU
2 Accident Investig	etion		1 YES 2 NO	ļ		
	not be building, etc. (Sc	RY — At home, farm, street, to oecify)	actory, office	281. LOCATION (Stre City or Town, Str		Rural Route Number,
CONSUM OTHY	PHYSICIAN: To the best of my kno KAMINER: On the besis of examinat					
Boston	MP		29c. LICENSE NO	UMBER	29d. DATE :	SIGNED (Month, Day, Year) 4/12/90
30. NAME AND ADDRESS OF PERS		DEATH (ITEM 27) (Type, Print)				
31. DATE FILED (Month, Day, Year) APR1 710	32. REGISTRAR'S SIG	GNATURE dron Randelle				

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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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_	SPITAL

31. DATE FILED (Month, Day

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Alice 45 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS MIN. 212-34-8942 1 M 2 5 F VDC 4/24/1909 Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 96. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mercy Hospital Center Balto.City, Md. RESIDENCE OF DECEDENT 10e, STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Balto.City, Md. XXYES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 720 E.Fort Ave. 21230 USA for use as the burial-transit 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Mexican, Puerto Rican, atc.)
1 YES YELMO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Merried Specify: ВУ 3. Widowed 4 Divorced White 16s. DECEDENT'S USUAL OCCUPATION
'Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 8th.Grade page 5 should be detached Homemaker Own Home 17. FATNER'S NAME (First, Middle, Last) 18 MOTNER'S NAME (First Middle Maiden Surreme) Ħ Andrew В. Johnston Lillian Mary Holmes BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia A. Stominski 306 Viewing Ave.Linthicum, Md. 21090 9 20e. METNOD OF DISPOSITION
LYCE Suriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must 4 Donation Holy Cross Cemetery A.A.Co.Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 funeral McCully Funeral Home. 130 E. Fort Av the f medical 23. PART I. Entarthe diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximats shock) or heart fellura. List only one cause on each line. Intarval Between 6 Onset and Death IMMEDIATE CAUSE (Finel cremation, the 2 days disease or condition_ 4spiration signed by the attending physician and completely. Health and Mental Hygiene prior to burial, cremating resulting in daeth) event, DUE TO (OR AS A CONSEQUENCE OF): 5/P CVA & demention traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CONGEST CAUSE (Disease or Injury that Initiated events other 1 DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 6 Injury, PART II. Other algnificant conditions contributing to daeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO Mypothyroid ism shows any COMPLETION OF CAUSE 1 TES 2 NO deubitus ulrer 1 TES 2 NO has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) this certificate h HOSPITAL: OTHER: 1 TYES 2 NO 1/Q Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 6 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked. Natural 6 Pending 1 YES 2 NO BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 28 determined fem CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. MPORTANT: If 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated. 29d. DATE SIGNED (Month, Day, Year) 고 등 등 한 BE V4/14/90 223 2 TED CAUSE OF DEATH (ITEM 27) (Type, Print) Mercy John F. Wiles 301 StPaul Pl. Bald, MD

3. REGISTBAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DNMH-18 Rev 1/89

FOR

13146, 0 0 DIVISION OF VITAL RECORDS,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 -CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH YEAR LORRAINE **JEAN** RUMMEL APRIL 13 1990 1:04 a 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Yang)
OCT. 12,1952 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 YF 37 057-40-2099 NEW YORK 9a. FACILITY NAME (If not institution, give street and number 9b. CITY. TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT BALTIMORE BALTIMORE CITY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY SHORT HILLS **NEW JERSEY ESSEX** 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15 MARTINDALE ROAD 07078 USA as the burial-transit Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 X10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 OSpecify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21203-3146 1 Never Married 2 Married
3 Widowed 4 Divorced BY WHITE ETED 15. DECEDENT'S EQUCATION (Specify only highest grade complete 18a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY use jo, Elementary/Secondary (0-12) College (1-4 or 5+) COMPLI 12 VICE PRESIDENT 4 KITCHEN VENTELATORS director, page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last)
RUDOLF LETTGEB 18. MOTHER'S NAME (First, Middle, Maiden Surname) i e REGINA BREEN notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) THOMAS E. RUMMEL 15 MARTINDALE ROAD SHORT HILLS. NEW JERSEY 07078 pe 20e. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 X Ram
4 Donation 5 Other (Specify) 20c. LOCATION -- City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, cramatory or must ST. ROSE OF LIMA CEMETERY SHORT HILLS, NEW JERSEY 22. NAME AND ADDRESS OF FACILITY DIPPEL FUNERAL HOME, INC. examiner 7110 BELAIR ROAD BALTIMORE, MD. the 1 21206 removal medical Inter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such ea cerdiec or respiratory arrest, filled in by Approximate hock, or heert failure. List only one couse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel 0 disease or condition resulting in death) event. MARRON traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events the attending Mental Hydier resulting in death) LAST 10 23 shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL 24b. WERF AUTOPSY FINDINGS HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? has been signed by I Dept. of Health and 1 TYES 2 T NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h h with the State [tem HOSPITAL: OTHER: NO 1 YES 2 Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 Residence 6 Other (Specify) 4 II Nursi 10 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED marked, 6 Pending Investigation Natural 1 YES 2 NO DIRECTOR; After the hours after death vitem 28 is mark BY 2 Accident 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death red at the time, data and place, and due to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, bay, Year) BE 世世皇 2 30. NAW AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TUITAS ST REGISTRATE SIGNAPORT

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a siter death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year) APR1 7 1990

	FOR 1 - STATE REGISTRAR	STATE OF MARY			OF DEA		NTAL HYGIENI REG. NO.	Ē	
	1. DECEDENT'S NAME (First, Middle, Lest) HARRY C	Harry C.	Loman R				DATE OF DEATH	-90	3. TIME OF DEATH
			(In yrs. last birthday)		YEAR F UNDE DAYS HOURS	R 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	0 N	BIRTHPLACE (State or Foreign Country) APULAND
NC N	9a. FACILITY NAME (If not institution, give street Stella Maris Hosp:			9b. CITY, 1	TOWSON		Н	9c. COUNTY Ba	
ECT	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. Cl	TY. TOWN OR	LOCATION				10d. INSIDE CITY
DIRECTOR	Maryland			.,	imore				LIMITS?
	10a. STREET, AND NUMBER				101. ZIP COE	DE,		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3316 Elmora A				212	13		USA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 A Divorced	12. WAS DECEDENT EVER FORCES? 1 K YES IF YES, GIVE WAR OR 1 940-1945	2 NO	lf.		an, Mexican, F	ORIGIN? (Specify Yea Puerto Rican, atc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify: White
ED	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECEDENT'S	S USUAL OCC	CUPATION uring most of work	ina	16b. KIND OF BUS	INESS/INDUST	
COMPLETED		College (1-4 or 5+)	Mainte				Buildi	ng Ma	intenance
OMP	17. FATHER'S NAME (First, Middle, Last)		Mainte	Tiarice			(First, Middle, Maiden		.III tellance
		n to Reco	rds				Bowen	Juliani	
TO BE	19s. INFORMANT'S NAME (Type/Print)		196. MAILIN	G ADDRESS	Street and Number	or or Rural Rou	os Angel	State, Zip Co	% 90019
-	Shirley Amos								
	20a. METHOD OF DISPOSITION 1	al from State	other place) Metro						re, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	WEE Man Man	110 010				ciety o		
	George E. Ma	acNabb		20	remati 99 Fre	on So	clety o	I Mar Balt	yland o., MD 21228
	23. PART I. Enter the diseeses, or co- ahock, or heert fallure. Li-	mplications that cous	ed the deeth. Do						, Approximate
	IMMEDIATE CAUSE (Finel	A C	10 - 1-						Onset and Death
	disease or condition resulting in death) a.	DUE TO (OR AS	A CONSEQUENCE	X					
z		Met	astation	c D	iseas	SC			į
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE						
FI C	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):					
FR	resulting in death) LAST								
	PART II. Other algnificent conditions	contributing to deeth	but not reaulting	in the und	leriving cause	given in Pa	rt I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL						•	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDI									OF DEATH?
ä									
PHYSICIAN:		HOSPITAL:		OTHER			-	To em i e	
HYS	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TI	ME OF	28c, INJURY AT		Sther (Specify) I	HOSPICE	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M	WORK?	□ NO			
B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, sectly)	street, facto	ry, office	2	81. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
COMPLET		AN: To the best of my kno							suse(s) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	10.		4 0	29c. Lit	CENSE NUMBI	ER	29d. DATE S	IGNED (Month, Day, Year)
TO B	Carlax		uder			D 270	087	M-1	2-90
	30. NAME AND ADDRESS OF PERSON WHO Carla S. Alexander	, M.DStel	la Maris	Hosp:	ice-Dul	aney (Jalley Rd	-Tows	on 21204
	APR1 71990	32 REGISTRAR'S SIG	mature mandale	Till I					

TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within senture after death. Page 8 may be retained by the hospital or attending physician and completely filled in b, the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, commation, or namoval.

IMPORTANT: If tem 28 is marked, or Hem 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	ionel Jame	es Riggs Lione	eı	2. DAT	TE OF DEATH 4-1-	90 3.1 90	7:15 a.M
213-88-476404	1 V M 2 D F 26	26 YRS. MOI	UNDER 1 YEAR	HOURS MIN. (Mo	7/16/63	Mary	CE (State or Foreign
90. FACILITY NAME (If not institution, give stre Scient Hull Ma	nor Nussing			a LOCATION OF DEATH WAR, MD 21		UNTY OF DEATH	
RESIDENCE OF DECEDENT 10a. STATE Maryland 10b. COUNTY	·		own on LOCAT	re City			. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER 501 West Frank! 11. MARITAL STATUS 1. N. Neuer Meritad. 2 Marriad.	in Street		101	21201	10g. CI	TIZEN OF WHAT	COUNTRY?
11. MARITAL STATUS 1 X Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAY 7 1981-198	U.S. ARMED 2 NO 1ES	If yes, spe	ENDENT OF HISPANIC ORIG relfy Cuban, Maxican, Puert 2 X NO Specify:		14. RACE — A Black, Wi Specify:	American Indian, life, etc. Black
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Last)	TION Impleted)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo-	on st of working	6b. KIND OF BUSINESS/IN	NDUSTRY	
12th	1 yr	Orde	rly		Hospit		
17. FATHER'S NAME (First, Middle, Lest) Lowell James Ri	lggs			18. MOTHER'S NAME (First Ethel Ma	t, Middle, Maiden Sumame) arguerite		3
19a. INFORMANT'S NAME (Type/Print)	A CONTRACTOR OF THE CONTRACTOR			nd Number or Rural Route Nu	imber, City or Town, State, 2	Zip Code)	20678
Lowell J. Riggs	20b.	PLACE OF DISPOSITION	ON (Name of cen	Village I	20c. LOCATION -		
1 Burial 2 X Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State Me	etro Cre	mator	y, Inc.		more,	
George E. Ma	114 140		Crem	ation Soci Frederick			
23. PART I. Enter the diseasee, pr coshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one cause on ea					,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):					
PART II. Other algorificant conditions - Carp to Co Ceal - Cachex	mening		he underlyin	g cause given in Part I.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	LACE OF DEATH (Check only	one)		
1 U YES 2 NO	HOSPITAL:	itlent 3 DOA 4		ne 6 🗆 Residence 6 🗆 O			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 🗆	PRK? YES 2 NO	DESCRIBE HOW INJURY O		
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	my)	er, rectory, orne		OCATION (Street and Numb lity or Town, State)	oor or Mural Moult	s securios.
CONTROL ONLY	AN: To the best of my knowler on the bests of examination						d manner as stated.
29b. SIGNATURE AND TITLE OF CHANGE	carly n)		29c. LICENSE NUMBER D32158	29d. D	ATE SIGNED (MC	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO				Calti more	MN 2120		
31. DATINFILED (MORE) DIO	THE BENEFICH	physically					

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

HSICIAN: The law requires that the death certificate be executed within Aurs after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dent. of Health and Mental Horiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun within 72 hours after death with the State Dent. of Health and Mental Hotiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or item 23 shows any injury, or other traum

FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Las FLORIN	E P. SCOTT			2. DATE MONTH	OF DEATH	YEAR	3. TIME OF DEATH 5:30A		
4. SOCIAL SECURITY NUMBER 182-26-1470 9e. FACILITY NAME (If not institution, given	5. SEX 6. AGE 1 M 2 XF	6 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS THS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	(Month	, Day, Year)	Cour	THPLACE (State or Foreign try) RYT.AND		
309 SOUTH MATN RESIDENCE OF DECEDENT 10a. STATE 10b. COU			WN OR LOCATION						
MD. CE	CIL	NORT	H EAST		LIMITS? 1 YES 2 NO WHAT COUNTRY?				
309 SOUTH MAIN 11. MARITAL STATUS	12. WAS DECEDENT EVER		2 1901		? (Specify Yas or No	U.S.A	CE — American Indian,		
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuben, Max 1 ☐ YES 2 ☐ NO Spe		tican, atc.)	Spe	ck, White, atc. city: IITE		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working red.)	16b.	KIND OF BUSINESS	S/INDUSTRY			
17. FATHER'S NAME (First, Middle, Last) FRANK			16. MOTHER'S	NAME (First, A	fiddle, Maiden Sumai	me)			
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R	iece)	200 Pra	RESS (Street and Number or Ru Att Lane. Nor N (Name of cemetery, crematory	th Eas		21901			
4 🖺 Donation 5 🗆 Other (Specify) 21. SIGNATURE OF THE RAL TERVICE	LICENSEE Of Ma	4.p.90	22. NAME AND ADDRESS OF		ARD, BALT	O.,MD	. 21201		
23. PART I. Enter the diseases, of ahock, or heert fellul iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	- CELONA	each line.	TERY DISE			y arrest,	Approximate interval Betwee Onset and De		
Sequentielly list conditiona, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. — COPD DUE TO (OR AS								
PART II. Other algnificant condit	ions contributing to death	but not resulting in t	e underlying cause given	in Part i.	24a. WAS AN AUTO PERFORMED? 1 YES 2 N		Ab. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PLACE OF DEATH	(Check only on	10)				
1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	1 Inpatient 2 ER/Ou 26a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4	Nursing Home Raniden 28c. INJURY AT WORK?	ce 6 Othe	r (Specify) SCRIBE HOW INJUR	Y OCCURED			
2 Accident Investigation 3 Suicide 6 Could not detarmined	28e. PLACE OF INJUR	tY — At home, ferm, stree	M 1 YES 2 NO		ATION (Street and No or Town, State)	umber or Run	if Route Number,		
onel	IYSICIAN: To the best of my kno						e(a) and manner as stated		
29b. SIGNATURE AND TITLE OF CERTI		-	29c. LICENSE	NUMBER			EO (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON 3 maula	WHO COMPLETED CAUSE OF O	NOVEN	East n	ID.	21901	1			
4/4/4 APRI 7199	32. REGISTRARY SIG	HATURE POPULATION	100						

the medical examiner must be notified at once.

HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

TO THE

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,

BE

2

1. DECED 4. SOCIA 2. 9a. FACIL CI RESID 10e. STAIL 10e. STRI	GISTRAR DENT'S NAME (First, Middle, Last) AL SECURITY NUMBER 16-20-3591 LITY NAME (If not institution, give str	. Sex	,	CERTIF	IVA	, E O	DEA	11		REG. NO.		a 1	
4. SOCIA 2 9a. FACIL CLI RESID 10e. STAI MI 10e. STR	LE SECURITY NUMBER 16-20-3591	. Sex	4						2 DATE	OF DEATH	13/9	$\Omega = \Gamma_{i}$. TIME OF DEATH : 5
4. SOCIA 2 2 9a. FACIL CH RESID 10e. STAT	L SECURITY NUMBER	, 40	-: -	SAMITE	Γ	T S	ERTO	Jr	MONTI	1, 6v	N ,	YEAR	3:55 A M
2 2 9a. FACIL CH RESID 10e. STAT	16-20-3591	5. SEX	8. AGE (In yrs.			DER 1 YEAR	-		0	OF BIRTH		1	LACE (State or Foreign
9a. FACIL CI- RESID 10e. STAT		1 M 2 F		3 YRS.	MONTI	-	-	MIN.	(Month	26	Ι.	Country)	
CERESID 10e. STATE MI		1	- 0	, , , , , , ,					_	/20			aryland
MI 10e. STAT			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				OR LOCATI				9c. COUNT	TY OF DEA	ми
10e. STAT	HURCH HOSPIT	AL CORP	ORATI	LON		SALT	IMOR	E C1	T.T. X			200	
10e. STR				10c. CIT	Y, TOW	N OR LOC	ATION					11	Od. INSIDE CITY
10e. STR	D.			B	AT.1	OMT	RE C	ТТҮ				١,	LIMITS?
3.0	EET AND NUMBER					_	of, ZIP COD				10g. CITIZ		AT COUNTRY?
4 1 5	907 MADISON	מפ					21	222				JSA	
	TAL STATUS	12. WAS DECEDEN	T EVED IN 11 C	ARMED	Т	12 WAS D			IIC OBIGIN	? (Specify Yes			- American Indien.
	ver Married 2 Merried	FORCES? 1	YES 2			If yes,	specify Cubi	n, Mexica	n, Puerto I		0. 10-	Black,	White, etc.
	dowed 4 Divorced	IF YES, GIVE W	AH UR DATES			1 Y	S 2 XNO	Specify	r:		- 1	Specify	White
	15. DECEDENT'S EDUC		16a.	DECEDENT'S	USUA	L OCCUPA	TION		18b	. KIND OF BUS	INESS/INDU		
Ela-	(Specify only highest grade centery/Secondary (0-12)	completed) College (1-4 or 5+		(Give kind of life. Do NOT u	work do	ne during i	nost of worki	ng					
SIEITH	ennery/Securicery (U-12)	Conede (1-4 ot 2+	'							Brew	ery		
17. FATHI	ER'S NAME (First, Middle, Last)	· · · · · ·			_		18. MOT	HER'S NA	ME (First 1	Aiddle, Maiden	Sumame)		
Samuel J. Serio Sr. Josephine Serio													
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)													
Joann Sanda 99 Dundalk Ave. Baltimore MAryland 21222													
	THOD OF DISPOSITION	F DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION — City or Town, State											
1 🗆 Bur	riel 2 Cremetion 3 Remo	wal from State	othe	etro							ltim	•	
	ATURE OF FUNERAL SERVICE LICE		- 116	CIO (AND ADDRE			Ба	T CTIII	ore	Ma.
1	10 -	1	11							1 110 m o	o.f	Dun	dalk21222
	onnelly to	metal	Mo	me		COII	петт	y r u i	iera	THOME	OL	Dune	Idinzizzz
23. PART I. Enter the dieaffee, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or reepiratory arrest, ahock, or heat failure. List only one ceusa on each line.													
IMMED	NATE CAUSE (Fine)	1.0		. 5	e								Onset and Death
	e or condition	H40	ver Ca	lcen	110	~ H	XRKR	XXXX	ХХ Н	YPERC	ALCE	MIA	
Todartii	ing in deatily	DUTE TO	(OR AS A CON	ISEQUENCE C	F):	TE	RMIN	AL I	UNG	CANC	ER		
		Tern	nipal	Lun	9	Can	cer						
	ntially list conditions, leading to immediate	DUE TO	(OR AS A CON	SEQUENCE C	献								
cause.	Enter UNDERLYING												
thet ini	(Disease or injury itiated eventa	DUE TO	(OR AS A CON	SEOUENCE C	F):								
resultin	ng in death) LAST	l,c											
DARTI	I Oak a de Missa a sa divis		death to a				00 8-100					1	
PARI	I. Other algnificent conditions	1			in the	underly	ng ceuse	given in	Part I.	24a. WAS AN PERFOR		170	WAILABLE PRIOR TO
_	ne una	nia PNE	LUOMU	A					_	1 - YES 2	NO		COMPLETION OF CAUSE OF DEATH?
_									_				YES 2' NO
	CASE REFERRED TO MEDICAL MINER?	HOSPITAL:					PLACE OF E	EATH (Ch	eck only or	10)			
	YES 2 NO	1 Inpetient 2	ER/Outpatien	t 3 🗆 DOA		1ER: Nursing H	ome 5 🗆 R	esidence	6 🗆 Othe	r (Specify)			
	NER OF DEATH	28e. DATE OF (Month, D		28b. TII	AE OF JURY	28c.	NJURY AT VORK?		26d. DE	CRIBE HOW I	NJURY OCC	URED	
-	Natural 5 Pending	(month b	-,,,	"	1		YES 2 [NO					
	Accident investigation Suicide 6 Could not be	28e. PLACE O	F INJURY — A	t home, farm,	street,	factory, of	fice		28f. LOC	ATION (Street	and Number o	or Rural Ro	ute Number,
_	Homicide determined	bullaing,	etc. (Specify)						City	or Town, State)			

	ě
244. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c, LICENSE NUMBER Sabah al-3 772

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. SABAH A. AL-ATTAR,

APR1 7 1990



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DE	EPARTMENT	OF I	HEALTH	AND	MENTAL	HYG	IEN
CER	TIFICATE	OF	DEAT	"H		REG.	NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENE REG. NO.	E		
1. DECEDENT'S NAME (First, Middle Carl c. S					2. DATE OF DEATH MONTH 1 1 1 2	1990°	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 214-10-2769	9 1 💢 M 2 🗆 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 9	L914 Coun	Maryland	
9a. FACILITY NAME (If not institution 32 Craftor	n Road	96	ESS	R LOCATION OF DE	ATH	9c. COUNTY OF Bal	timore	
RESIDENCE OF DECEDE 100. STATE 10b.	county Baltimore	10c. CITY, TO	OWN OR LOCAT			10d. INSIDE CITY LIMITS?		
100. STREET AND NUMBER 32 Craftor				ZIP CODE		_	1 YES 2 XNO WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I	2 X NO	If yes, spe		IC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No— 14. RAC Ble	SA CE — American Indian, ck, White, etc.	
	T'S EDUCATION est grade completed)	16a. DECEDENT'S USI	JAL OCCUPATIO	ON .	18b. KIND OF BUS		White	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)			Cork	& Seal	
17. FATHER'S NAME (First, Middle, William	Stockman			Ethel		nt		
	ans	1060	08 Bir	d River	Road Ba	lto. M		
208_METHOD OF DISPOSITION 1								
21. SIGNATURE OF FUNERAL SEF	ly Funeral	Home		ellyFur		300Mac	eAve.21221	
23. PART I. Enter the disease ehock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	b. Gresse	a CONSEQUENCE OF:		e ere	by Hun	ua .	Approximate Interval Between Onset end Death	
if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	. Triple	A CONSEQUENCE OF: A CONSEQUENCE OF:	el cos	15	rs art	Try des	eace 10 yr	
PART II. Other significant or A Choler F HIO NEW HIO LOS	enditions contributing to deeth force of Trucket	19	-	g causa given in	Part I. 24e. WAS AN PERFOR 1 YES 2	IMED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	ACE OF DEATH (Ch	6 Dther (Specify)			
27. MANNER OF DEATH 1 Analysis 5 Pend	28e. DATE OF INJURY (Month, Day, Year)	28b, TIME O	Y WC	URY AT PRK?	28d. DEŞCRIBE HOW II	NJURY OCCURED		
3 Suicide 6 Could	28e PLACE OF INJUR	Y — At home, farm, stre- ecify)	et, factory, offic	•	28f. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,	
(Critical Orlly	IG PHYSICIAN: To the bast of my know			-			e(e) end manner ee stated.	
296. SIGNATURE AND TITLE OF C	1. Drute	my	\supset	29c. LICENSE NUI	ABER 26	29d. DATE SIGNE	ED (Morith, Day, Year)	
2724 (1. Charles		Belt	mole	mid.	212	-18.	
31. DATE FILED (Month, Day, Year) APR 1 7 199	32. REGISTRAR'S SIG	-Randelle						

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

										90	103	5/4
	FOR STATE REGISTRAR	STATE OF MARY		PARTMEN TIFICAT			MENTAL	HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)		,				2. DATE O	F DEATH			. TIME OF DEAT	н
	Karli .	_ S	ALME				Apri	1 15∵	1990	YEAR	1:50	рм
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last birti	hday) IF UNDE	A 1 YEAR	IF UNDER 24 HRS.	7. DATE O			B. BIRTHPL	ACE (State or Fo	reign
	033-24-6677	1 🗔 M 2 🗆 F	67 Y	RS. MONTHS	DAYS	HOURS MIN.		Day, Year)	.	Country)		
	9a. FACILITY NAME (If not institution, give st		67 °	ab CVT	Y TOWAL C	OR LOCATION OF DE	LFeb.1	7, 192		ESTOY		
c		,					AIN					
2	Franklin Square Hospital Rossville Baltimor								more	: Count	у	
DIRECTOR	10a. STATE 10b. COUNTY		10	e. city, town Balt	on Locat		-				Dd. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZ	EN OF WHA	AT COUNTRY?	
FUNERAL	3500 Northway Drive					04004						
Z I	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13.	WAS DEC	21234 ENDENT OF HISPAN	IIC ORIGIN?	(Specify Ver	USA or No.	A RACE -	- American India	10.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Y	ES 2 PINO		If yes, sp	ecity Cuban, Mexica 2 NO Specify	n, Puerto Ri			Specify:	White, atc.	
요	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDI	ENT'S USUAL O	CCUPATIO	ON .	16b. I	CIND OF BU	SINESS/INDU			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do	NOT use retired.)	uarny mo	st or working						
릴	Self-Educated		Pair	nter								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Mi	ddle, Maiden	Surname)			
Ш	Madis Salme					Liisa H	onikot					
0	19a. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADDRES	S (Street a	and Number or Rural I	Route Numbe	r, City or Tow	n, State, Zip (Code)		
오	Rosita Thomas					Avenue Bal	ltimore					
	20g. METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Rem	oval from State	other place)	ASPOSITION (A	lame of cer	il 18,19	00		CATION — C		, Stata	
	4 Donation 5 Other (Specify)		Gardens d	n Falui	Apr	11 10,19	90	Bair	imore,	Ma.		
	21, SIGNATURE OF FUNERAL SERVICE LIC James F. Gladden		adden			d J. Ruck		305 Ha	rford 1	Road 2	1214	
	23. PART I. Enter the diseases, or	complications that cau	sed the death.	Do not ente	r the mo	de of dying, suc	h as cardi	ac or reap	Iratory arre	st,	Approxima	ata
	shock, or heart failure.	List only one cause of	n each line.								Onset and	
1	iMMEDIATE CAUSE (Final disease or condition	Pancreat	ic Carc	inoma	Mot	actatic					011001	
1	resulting In death)	e	IS A CONSEQUE		1100	u 3 cu c i c					-	
_	_	552 15 (511)									ĺ	
ERTIFICATION	Sequentially list conditions,	DUE TO (OR A	S A CONSEQUE	NCE OF):							-	
AT	if any, leading to immediate cause. Enter UNDERLYING	1000										
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR A	AS A CONSEQUE	NCE OF):								
E	resulting in death) LAST	e e										
핑		d									+	
물	PART II. Other significant condition		h but not resu	Iting in the u	ndertyin	g cause given in	Part I.	24a. WAS AN	AUTOPSY		VERE AUTOPSY FI	
MEDICAL	Ascites, Rena	Fallure						1 YES	4.4	C	OMPLETION OF C	
											YES 2 1	NO
							_					
₹ I	25. WAS CASE REFERRED TO MEDICAL				26, P	LACE OF DEATH (Ch	eck only one)				
잃	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 X NO 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 1 YES 2 X NO 28. TIME OF 1 YES 2 X NO 28. TIME OF 1 YES 2 X NO 28. TIME OF 1 NJURY WORK?											
¥	27. MANNER OF DEATH	28a. DATE OF INJU		h. TIME OF		IURY AT		1-7 77	INJURY OCC	URED		_
	1 Natural 5 Pending	(Month, Day, Ye		INJURY	W	YES 2 NO						
B	2 Accident Investigation	28a BLACE OF INI	HDV At home	form street to			201 1 004	TION (Count	and Number	as Burnt Day	uto Mumbos	
9	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (Specify)	-arm, surdet, 18	owny, OHIO	~		Town, State		or mareir MOL	aud INGITHUM,	
	29a. CERTIFIER											
COMPL	(Check only	CIAN: To the best of my k										
5	2 MEDICAL EXAMINE	R: On the basis of examin	ation and/or inve	etigation, in my	opinion,	leath occured at the	time, data	and piece, a	nd due to the	cause(a) a	and manner as s	tated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	my lod	U . Ma			29c. LICENSE NUI	MBER		29d. DATE	SIGNED (A	Nonth, Day, Year)	
0 8		/- 55 3	1/10							04/15	710	
	30, NAME AND ADDRESS OF PERSON WH	O COMBI ETED CALIEE OF	DEATH STEM 22	D. (Time Drivet)								

9000 Franklin Square

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAD'S SIGNATURE

Marcos Wolff.
31. DATE FILED (Month, Day, Year)
APR1 71990

1 View

Pages 1, 2, 3 should

BE

2

Moges

APR1 7 1990

223

I THE HOSPITAL OR ATTENDING PHYSICIAN: The "Taw requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
requires that the death of	en signed by the attend of Health and Mental H	shows any injury, or
HYSICIAN: The Taw	his certificate has b with the State Dept.	ked, or item 23
OR ATTENDING F	DIRECTOR: After 1	em 28 is man
THE HOSPITAL (THE FUNERAL D	PORTANT IF IS

90 10375 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 90 L SMITH 11:30 104 4 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 212289914 MONTHS DAYS HOURS 1 - M 2 -76 BALTIMORECI YRS. 9s. FACILITY NAME (If not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bore SECONES BALDIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? CIT BACTIMERE mp 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 3335 EDMONDSON 2 1229 US 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Olvorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
tille_Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) DOMES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BROOKS GEORGE BE 2 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION 1/ Burial 2 Cremation 3 4 Donation 5 Other (Specify) STAR TENSVILLE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF Comm WM 06 M rown 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete ahock, or heart fellure. List only one cause on each line. interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition Cardionino 7a resulting in death) DUE TO (OR AS A CONSEQUENCE OF): neumo CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSTIQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO ient 2 🗆 ER/Outpetle nt 3 🗆 DOA me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the b IMPORTANT

29b. SIGNATURE AND TITLE OF CENTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 18 10/9 V 32 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Gebr emariam DEVISION ROMATURE DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	CALE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (Fire	_			6				OF DEATH	199	YEAR 3.	TIME OF DEATH
Thomas	<u> </u>	rouse					монти 4-		199		9:30 P M
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs	″ .	IF UNDER 1 YEAR	IF UNDER 24 HRS.	(Month	OF BIRTH o, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
217-14-30		1 X M 2 □ F	76	YRS.				9-191			inia
9e. FACILITY NAME (# not						OR LOCATION OF DE	EATH			TY OF DEAT	
2232 Vail		Rd.			Esse	X			Bal	timo:	re
RESIDENCE OF DE	10b. COUNTY	1		10c. CITY,	TOWN OR LOCA	TION				10	d, INSIDE CITY
Md.	Bal	timore		Ва	altimo	re, Md.				1	LIMITS?
10e. STREET AND NUMBE	R				10	of. ZIP CODE			10g. CITIZ		T COUNTRY?
2232 Vai	thorn	na E	ssex			21220	1		11.5	7	
11. MARITAL STATUS	.1.1107.11	12. WAS DECEDEN	EVER IN U.S.			CENDENT OF HISPAN	NIC ORIGIN			14. RACE	American Indian,
1 Never Merried 2	Merried	FORCES? 15	AR OR DATES	□NO		pecify Cuben, Mexice S 2 XNO Specifi		Rican, atc.)	1	Specify:	Thite, atc.
3 Widowed 4 Oh	orced								M	hite	2
15. DE (Specify o	CEDENT'S EDU	CATION completed)	18e	. DECEDENT'S U	SUAL OCCUPAT ork done during re retired.)	ION lost of working	18b	KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondery	(0-12)	College (1-4 or 5+)					. 1 2	,		
HIgh Sch				POTIC	e Off		_	ethle		Stee	:1
17. FATHER'S NAME (First,						18. MOTHER'S NA					
	prouse	3	-			Elizal			tipl		
190. INFORMANT'S NAME						end Number or Rural					
Mary B.		se				thorn Ro	a.BA				
20e. METHOD OF DISPOS 1 X Burlel 2 Creme	lon 3 🗆 Rem	oval from State	20b. PL/	ACE OF DISPOSI or place)	TION (Name of c	metary				City or Town	
4 Donetion 5 Oth	. , ,,	revies	HO.	ттА НТ		netary	CII ITV	Ba	Ito.	,Md.	
21. SIGNATURE OF FURE	//	CENTRE				lley-Ash		Fine	ral	Home	. Inc.
nam			-								1k,Md.21
23. PART I. Enter tha					ot antar tha m	oda of dying, auc	ch aa card	diac or respi	ratory arr	est,	Approximate Interval Between
shock, or haert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel								Onset and Death			
disease or condition resulting in death)				hal 11	Marc	han					10 lus -
disease or condition resulting in death) a. Myocardual infarche Die to (or as a consequence of):											
T. HSAD								172.			
Sequentially list cond if any, leading to imm	ediate	DUE TO	(OR AS A CO	NSEQUENCE OF							100
ceuse. Entar UNDERL CAUSE (Disease or in		c	PD	, 1	rere	2					10 yea
that initiated eventa resulting in deeth) LA		OUE TO	(OR AS A CO	NSEQUENCE OF)	*						
Tooling in door, 25		d									-
PART ii. Other signific	cant condition	ns contributing to	deeth but n	not reauiting in	the underlyl	ng cause given in	Part I.	24s. WAS AN			ERE AUTOPSY FINDINGS
								PERFOR		0	WAILABLE PRIOR TO OMPLETION OF CAUSE
											F DEATH?
							_				
25. WAS CASE REFERRED	TO MEDICAL				26.	PLACE OF DEATH (C/	heck only o	ne)		_	
EXAMINER?		HOSPITAL:	ER/Outpatier		OTHER:	me 5 Reeldence	8 MOth	r (Specify)			
27. MANNER OF DEATH		28e. DATE OF		28b. TIME	OF 28c. II	JURY AT		SCRIBE HOW I	NJURY OCC	UREO	
	Pending Investigation	(Month, D	ey, rear)	INJU		VORK? YES 2 NO					
2 Accident 3 Suicide	Could not be			At home, farm, st	reet, factory, off	Ice		ATION (Street		or Rural Rou	rte Number,
4 Homicide	determined	bullaing,	etc. (Specify)				City	or Town, State)			
290. CERTIFIER	RTIFYING PHYS	ICIAN: To the best of	my knowlede	e, death occurs	d at the time de	te end place, and du-	to the co	use(e) and ma	mer ee elet	ed.	
CONSCIN ONLY											end menner es stated.
29b. SIGNATURE AND THE						29c. LICENSE NU	-	,, •-			
Jac signature and its	LE OF CENTERE	V7.84	41	MA			202	2	b (1-12-	forth, Day, Year)
30. NAME AND ADDRESS	OF PERSON WI	O COMPLETED CALL	OF OF STATE	O CAL	SS. M.						100
SULLINE AND ADDRESS		7 JOHN ELIEU CA	05 Sie	mers R	un Road						
31. DATE FILED (Month, De	ly, Year)	32. BEGISTRA	R'S SLATEN	ORE MO	21221						
APR1		delin 1	BUH dam	100/3							
וווות	11000	7	-W1000	Marine							

LEOPOLDO GRUSS, M.D. 405 Ster mers Run Roed BALTIMORE, MD 21221 (301) 687-8777

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ter death with the State Dept. of H	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
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APR1 7 1990

	FOR STATE OF MARY!				MENTAL HYGIENE	9	0 10377	
	1. DECEDENT'S NAME (First, Midgle, Last)	ROSE STE	MPOR	DEATH	REG. NO.	96	3. TIME OF DEATH	
	4. SOC'AL SECURITY NIMBET S. SEX Is. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	6. E	BIRTHPLACE (State or Foreign South) LAND	
DIRECTOR	9a. FACILITY NAME (if not institution, give street end number) FRANCIS SCOTT KEY MEDICAL (CENTER		TIMORE C		9c. COUNTY	OF DEATH	
	100. STATE 10b. COUNTY MARYLAND BALTIMORE	10c. CI1	ry, town of locat	UNDALK		10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
IERAL	10e. STREET AND NUMBER 2909 CORNWALL ROAD		101	ZIP CODE	22	10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed XX Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 2 X X NO DATES	13. WAS DEC If yes, sp 1 YES	ecity, Cuban, Mexice 2 (1) NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) ElementarySecondary (0-12) College (1-4 or 5 +)	(Give kind of life. Do NOT u	S USUAL OCCUPATION work done during most retired.) ME MAKER	et of working	16b. KIND OF BUS		RY	
TO BE COMPI	6TH GRADE N/A 17. FATHER'S NAME (First, Mickelle, Lest) CHARLES ARNETT	16. MOTHER'S NA	ME (First, Middle, Melden S SE HAAS	HOME Surname)				
	190. INFORMANT'S NAME (Type/Print) JOAN R. HAAS		and Number or Rural I	Route Number, City or Town		LAND 21222		
	29a. METHOD OF DISPOSITION XX Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. Signature 6 Experies Assembled Design	Ob. PLACE OF DISPO Other place) SARDENS ()	F FAITH	CEMETERY	4-16-1990	BALTI	MORE. MARYLAN	
	han Wtielf	2 WISE A	VENUE DUND	ALK, MD				
	23. PART I. Enter the diseases, or complications that cause shock, or heart fellure. Liet only one deuse on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ratory arrest,	Approximate Interval Between Onset and Death					
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events resulting in death) LAST							
IN: MEDICAL C	PART II. Other algorificent conditions contributing to deeth (1) hip fracture, re Vitamin Di defic (ditis	but not resulting? CUME IENCY	in the underlying	g cause given in TIS,	Part I. 24s. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Ou 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation	LACE OF DEATH (Ch	6 Other (Specify) 28d. DESCRIBE HOW IF	NJURY OCCUR	ED			
	3 Suicide 6 Could not be 4 Homicide determined	RY — At home, ferm, necify)	street, factory, offic	0	28f. LOCATION (Street a City or Town, State)	nd Number or F	Rural Route Number,	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knd one) 2 MEDICAL EXAMINER: On the basic of examinat						nuse(e) and menner as stated.	
TO BE	29b. SIGNATURE AND THELE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF I	MS OF ATH OTHER 27 CO) Print)	Do43		≥ 4/	GNED (Month, Day, Year)	

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PEDICAL CE	
PHYSICIAN: N	
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	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG.						
	1. DECEDENT'S NAME (First, Middle, Last) HARRY SILBER 21200 BOTTON OF DEATH OF DEA						
JR.	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morath, Days. Year) 14. M 2 F						
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SINAI HOSPITAL BALTIMORE						
5	RESIDENCE OF DECEDENT						
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE BALTIMORE 1 □ YES 2 🛣 NO						
BY FUNERAL	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21209 USA						
	11. MARITAL STATUS 1 Never Married 2 Merried 3						
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5 +) 12 RETAIL						
) BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
٩	MRS. GERTRUDE SILBER 6500 GARDENWICK RD. BALTIMORE, MD 21209						
	20c. METHOD OF DISPOSITION XX Burial 2 Cremation 3 Removal from State 4 Donellon 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) SHAAREI ZION 20c. LOCATION — City or Town, State ROSEDALE, MD						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.						
	6010 REISTERSTOWN RD. BALTO., MD 21215						
	23. PART i. But for the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arrest, approximate interval Between United Causer Final disease or condition						
	disease or condition resulting in death) s. Stage IV Congestive Heart Failure out to (or As A CONSEQUENCE OF): Myscardial Infanction.						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING						
TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST Chromic Renal Faulure Chromic Renal Faulure						
CER	a. Chronic renal runus.						
DICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PHYSICIAN: ME	1 U YES 2 NO						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER: OTHER:						
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 8 Other (Specify)						
B⊀	27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO						
	3 Suicide a Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) end manner se stated.						
BE	296. SIGNATURE AND THATE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) 04/10/90.						
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D91. TYOTHI PURAM, Sinai Hospital of Baltimore, MD.						
	APR 17 1990 full standon Spending						

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and the second

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transition or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IOSPITAL OR ATTEN	UNERAL DIRECTOR:	ANT: It item 28
TO THE	TO THE P	IMPORT

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

STATE OF MARYLAND / DI	PARTMENT OF	HEALTH A	ND MENTAL	HYGIENE
CER	TIFICATE O	F DEATH	1	REG. NO.

1 - STATE REGISTRAR	Ontile Of Implies	CERTIFIC	ATE OF	DEATH	REG. NO.	-	
1. DECEDENT'S NAME (First, Middle, Last)		19			2. DATE OF DEATH	W V	3. TIME OF DEATH
BESSIE	SIEGE	L			ÄPRIL 14	,",1990 "	11:15 P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		UNDER 1 YEAR	#F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign
213- 12-0112	1 □ M 2 😾 F 7	78 YRS. MON	THS DAYS	HOURS MIN.	1/8/12		Country) ARYLAND
9a. FACILITY NAME (If not institution, give		9b.	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	
4 STURGIS CO	אוואר		RΔT.	TIMORE,	MD	BAL	TO.
RESIDENCE OF DECEDENT					IID.	DAB	
10a. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	LTO	BAL	TIMOR				1 TYES 2 NO
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
4 STURGIS COL	JRT			21208	}		USA
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 7				HC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No- 14.	RACE American Indian, Black, White, etc.
3 X Widowed 4 Divorced	FORCES? 1 YE	R DATES A		2 NO Specify			Specify:
15. DECEDENT'S EDI	ICATION	16a. DECEDENT'S USU	IAL OCCUPATIO	MA I	16b, KIND OF BUS	I I	WHITE
(Specify only highest gred	le completed)	(Give kind of work life. Do NOT use rel	done during mostired.)	st of working	198. KIND OF BUS	SINC33/INUUS	ini
Elementary/Secondary (0-12)	College (1-4 or 5+)	A 2000			HOME	MAKE	D
12 17. FATHER'S NAME (First, Middle, Last)		_L_HOUSEW	1 F F	18 MOTHER'S NA	ME (First, Middle, Maiden		1/
DAVID		PEA	RT.	ANNA			NBAUM
19a. INFORMANT'S NAME (Type/Print)					IN I.		
MRS. SAUNDRA	TOOR						
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION					D. (21208)
1 V Burlet 2 Cremetion 3 Rer	noval from State	other place)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21. BIONATURE OF FUNERAL SERVICE L	ICENSEE // /	BETH TFI		D ADDRESS OF FA		ODLAW	N, MD.
Al. a.l	tillus		so	L LEVIN	SON & BR	os.	
Married 4	V U						BALTO MD.
23 PART . Enter the diseases, or ehock, or heart fallure.	complications that cau List only one cause or	sed the deeth. Do not on a comment of the comment o	enter the mo	de of dying, suc	h es cerdiec or reep	ratory arrest	, Approximate Interval Between
IMMEDIATE CAUSE (Final							Onset and Death
disease or condition resulting in death)	· LUN6	CANCE AS A CONSEQUENCE OF):	K-				6465.
	OUE TO (OR A	AS A CONSEQUENCE OF):					
Sequentially list conditions,	a TESPI	A A CONSEQUENCE OF):	FAILU	nE			
If any, leading to immediate	OUE TO (OR A	AS A CONSEQUENCE OF):					i
cause. Enter UNDERLYING CAUSE (Disease or Injury	c	AS A CONSEQUENCE OF):					-
that initiated events resulting in death) LAST	30E 10 (0H P	W A CONSCOULAGE OF J.					į
	d						+
PART II. Other significant condition	ns contributing to deat	th but not resulting in t	he underlying	g ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 YES :		COMPLETION OF CAUSE OF DEATH?
	CONARY!	BEHOLY D	ISTASI	6.		~	1 TYES 2 NO
	,				- S		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)		,
1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA 4	THER:	e 5 Desidence	6 ☐ Other (Specify)	ADELTI	ing Home.
27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Yel	RY 28b. TIME O	F 26c, INJ		28d. DESCRIBE HOW		
1 National 5 Pending 2 Accident Investigation		-, insuri		YES 2 NO			
3 Suicide 6 Could not be	28e. PLACE OF INJ	URY At home, farm, stree	et, factory, offic	•	261. LOCATION (Street City or Town, State,		Rurai Route Number,
4 Homicide determined	Journality, 4tc. (oprovity)			Only of rown, State,		
29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNED (Month, Day, 1987)							
21.11	A ChO.				4 - 5	D ad	1,0-19
30. NAME AND ADORESS OF PERSON W	HO COMPLETEO CAUSE OF	DEATH (ITEM 27) (Time Pri	int)	7-204	1.20	7/	10/10.
30. NAME AND ADDRESS OF PERSON W	d. G.ACI	en - 177	7 100	(min (th)	-11 An-		M 11/2 20
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	SIGNATURE	1 20/	101010	NA KU	114	cloude est.
ADD 4 D 1000	8 Kila	Bandall				2	1205.

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AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detain		If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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fille	72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	the
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	FOR STATE REGISTRAR	STATE OF MARYLAI		TMENT OF H		NENTAL HYGIEN REG. NO.				
1	1. OECEOENT'S NAME (First, Middle, Last) MEYER	SHUMA	AN			2. DATE OF DEATH MONTH D	90	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-2458	5. SEX 6. AGE (In 79	yrs. lest birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Mer) MAY 15,	1910	RTHPLACE (State or Foreign Dunity) LITHUANIA		
DIRECTOR	9a. FACILITY NAME (If not institution, give	edale Bal				OR LOCATION OF DEATH TO MAI				
L C	10s. STATE 10b. COUNT	Y	10c. CIT	, TOWN OR LOCAT	ATION			10d. INSIDE CITY		
5	MARYLAND	BALTIMORE		BALTI	ALTIMORE			1 WES 2 NO		
HAL	100. STREET AND NUMBER	MARNAT RD., APT. D			ZIP CODE 21209		10g. CITIZEN OF WHAT COUNTRY?			
JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN L	J.S. ARMED	13. WAS DEC		IC ORIGIN? (Specify Yes	USA fee or No.— 14. RACE — American Indian,			
BY FUNEHAL	1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 YES	2 XNO	If yea, sp	2 X NO Specify:	, Puarto Rican, atc.)		Stack, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		6a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION ork done during more retired.)	DN st of working	16b. KINO OF BU	SINESS/INDUSTF	NY .		
APL	7	Contage (1-4 of 5+)	ME	RCHANT		RI	ETAIL			
BE CO	17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last) ISA DORE SHUMAN IDA (-	Sumame)	x)		
0	MRS. RAY SHUMA	N	19b. MAILING 2835	ADDRESS (Street a	IAT RD.	oute Number, City or Tow BALTIMORE,	n, State, Zip Code MD	21209		
	20g. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	other place)	MUNO (AF	netery, crematory or RLINGTON)		CATION — CHY O			
	21. SIGNATURE OF FUNERAL SERVICE U	LE LOIKA	Lam	SC		ON & BROS.		MD 01015		
٦	23. PART I. Enter the diseases, or	complications that caused t	the death, Do n			RSTOWN RD.		Approximate		
		. List only one cause on eac	th line.					Interval Between Onset and Death		
	disease or condition resulting in death)	. Congest	ive H	eart =	failur	6				
		ACCID	CONSEQUENCE OF	F): \						
HIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A C	CONSEQUENCE OF	F):						
7	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF	F):						
CER	reaulting in death) LAST	d								
AL	PART II. Other aignificant condition				g cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
	Chronic	renal f	-allu	re		1 □ YES 2		COMPLETION OF CAUSE OF GEATH?		
PHYSICIAN: MEDIC						_		1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATN (Che	ock only one)				
SIC	1 VES 2 NO	HOSPITAL: 1 Inpetient 2 - ER/Outpet	ilent 3 🗆 DOA	OTHER: 4 Nursing Hon	e 5 🗆 Residence	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY WO	URY AT PRK? YES 2 NO	28d, OEŞCRIBE NOW	NJURY OCCURE	D		
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, atc. (Specif)	At home, ferm,	street, factory, offic	•	281. LOCATION (Street City or Town, State)		ural Floute Number,		
COMPLETED	and)	SICIAN: To the best of my knowled						use(s) and manner as stated.		
IO BE	296. SIGNATURE AND TITLE OF CERTIFIE	J. Gallo 1			29c. LICENSE NUM D3	1479	29d. DATE SIG	L/12/90		
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEAT	LEVIN	DALE	GER. C	TR. B	ALTO	. 21215		
	APR 17 1990	Julia Davidson-Hork								
								DHMH-15 Rev 1/89		

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
ai examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detache loval.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
fter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a durs after death. Page 6 may be retained by the hosp
באבו ואוסער, אוסח ובאום	DIVISION OF VIAL RECORDS, F.C. BOX 13149,

	FOR 1 - STATE REGISTRAR	STATE OF MARYI	LAND / D	DEPARTME RTIFICA	NT OF HI	EALTH AND	MENTA	L HYGIEN	E			
_			- OLI	TITI TOA	LOI	DEATH	Latera				T	_
	1. DECEDENT'S NAME (First, Middle, Lest) RUTH	PICKERL		SELTEN	RIGHT		APRI			90	3. TIME OF DEATH	M
		SEX 6. AGE	E (In yrs. lest b	oirthday) IF UI YRS. MONT	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTN h, Day, Year)		6. BIRT		
	300 20 4704		94.				-	20			diana	_
OR	9a. FACILITY NAME (If not institution, give street Annapolis General	_	96. 0	Annapo	n location of 0	DEATH	9c. COUNTY OF OEATN Anne Arundel					
ຼ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		1	10c. CITY, TOV	N OR LOCATI	ION					10d, INSIDE CITY	_
DIRECTOR		Arunde1		Croft							LIMITS?	
7	10e. STREET AND NUMBER				10f.	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	Crofton Convalescen					21114			U	SA		
5		. WAS DECEDENT EVER	IN U.S. ARMI	ED		ENDENT OF NISPA			or No-	14. RAI	CE — American Indian, ck, White, etc.	
В	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	DATES			2 NO Spec		riceri, etc.)		1.435	White	
Ü	15. DECEDENT'S EDUCATE	ON		EDENT'S USUA			161	, KIND OF BUS	SINESS/INC	DUSTRY		_
E	(Specify only highest grade com Elementary/Secondary (0-12) C	npleted) College (1-4 or 5 +)	(Give	e kind of work di Do NOT use retin	ne during mos d.)	st of working						
7		4	Cah	1 m.	h			Grade	Caha	_ 1		
Ž	12	4	Sen	1001 Te	acher	resument with				01		_
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S N	AME (First,	Middle, Maiden	Sumame)			
BE	Chasteen	Pi	ickerl			Harrie	t		umba	ugh		
	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDI	ESS (Street an	nd Number or Rura	l Route Num	ber, City or Tow	n, Stete, Zij	p Code)		
2	Willard C. Gull	.ey	11	2 Arch	wood	Ave., G	len B	urnie,	Md.	2	1061	
	20e. METHOD OF DISPOSITION	20	Ob. PLACE OF	F OISPOSITION	(Name of cem	netery, crematory or		20c. LO	CATION	City or	Town, State	
	1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	, from State		1 Ceme	terv			P1 vm	outh	. Tı	ndiana	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		Jakiiii	T OCINC		D ADDRESS OF F	ACILITY	ir r y ii	100011	,	IGIGIA	_
	+ of Hours	9/1-				ETON FU		HOME				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. Approximate								N BU	RNI	E. MD21061	
	23. PART I. Enter the diseases, or com	pilcatione that cause	sed the deat	th. Do not e	1 SEC	OND AVE	. S.W	., GLE			E, MD21061	_
-	23. PART I. Enter the diseases, or com ahock, or heart fellure. List			th. Do not e	1 SEC	OND AVE	. S.W	., GLE			Approximete Interval Between	
	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition			th. Do not en	1 SEC	OND AVE	. S.W	., GLE			Approximete	
	ahock, or heart fellure. List IMMEDIATE CAUSE (Fine)	t only one cause on	each line.	ng	1 SEC	OND AVE	. S.W	., GLE			Approximete Interval Between	
	ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition		each line.	JENCE OFI:	1 SECO	OND AVE	S.W	., GLE			Approximete Interval Between	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within this after death. Page 6 may be retained by the hospital TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. B(

FOR 1 - STATE REGISTRAR	STATE O	F MARYLAND / DEP	ARTMENT OF HEA		MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Mi	oh ~ S.	Siewie	-ski		2. DATE OF DEATH MONTH	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-07-9 98. FACILITY NAME (If not institu	434 1 € M 2 □		S. MONTHS DAYS HO	UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8 8	THPLACE (State or Foreign Intry) ALTO MO
11	ospital	,	Boits	M)	9c. COUNTY OF	DEATH
MD	b. COUNTY	100	CITY, TOWN OR LOCATION				10d. INSIDE CITY LUMITS? 1 YES 2 NO
100. STREET AND NUMBER LODA 5. I. 11. MARITAL STATUS) ecker	AUR.	1	1224	NIC ORIGIN? (Specify Ye	105	WHAT COUNTRY?
1 Never Married 2 Ma 3 Widowed 4 Divorce	rried FORCES?	1 ☐ YES 24 NO VE WAR OR DATES	If yes, specify		n, Puarto Rican, etc.)	Bio	ack, White, atc.
	ENT'S EDUCATION phest grade completed) College (1-4	or 5+) (Give kind life. Do NO	TT'S USUAL OCCUPATION of work done during most of T use retired.)	working	166. KIND OF BU	SINESS/INDUSTRY	1
17. FATHER'S NAME (First, Middle	e, Lest)	iezski	2mist	MOTHER'S NA	ME (First, Middle, Maide	Surname)	NICK
19a. INFORMANT'S NAME (Typo	Print) Slexulia		ING ADDRESS (Street and P	Number or Rural	Route Number, City or To	vn, State, Zip Code)	21234
20a. METHOD OF DISPOSITION 1	3 Removal from Stat	20b. PLACE OF DIS Other place) SAC RR	POSITION (Name of cometes	ry, cremetory or	Cem 200. 4	CATION - City or	Town, State
21. SIGNATURE OF FUNERAL S	Leed VI	ckers	EOU.		J. Webs	LFH DSt.	21231
IMMEDIATE CAUSE (Finel disease or condition	asea, Dr complications t failure. List only ona		•	of dyling, suc	ch as Cardiac Dr rea	Diratory arreat,	Approximate interval Between Onset and Death
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a, DU	E TO (OR AS A CONSEQUENCE E TO (OR AS A CONSEQUENCE E TO (OR AS A CONSEQUENCE	e her-	+f.	·10-0	ticien	Y-s.
resulting in death) LAST PART II. Other significant	d			aura alian in	Part I. 24s. WAS A	MAITOROV I	24b. WERE AUTOPSY FINDINGS
		g to decisi but not result	ing in the uncertying of	ause given in		PAMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO M				E OF DEATH (C	heck only one)		
1 TES 2 NO	- 1	2 ER/Outpatient 3 DO					
27. MANNER OF DEATH 1 Netural 5 Per 2 Accident	nding (Mo			2 NO	28d. DESCRIBE HOW		
4 Homicide det	uld not be armined	CE OF INJURY — At home, failding, etc. (Specify)	rm, street, factory, office		281. LOCATION (Stree City or Town, State	and Number or Run	al Route Number,
cond only		est of my knowledge, death oc a of examination and/or investig					se(s) and menner as stated.
29b. SIGNATURE AND TIPLE OF	nis S. Su	ye m	0	DO 1	442	29d. DATE SIGN	IED (Month, Day, Year)
30. NAME AND ADDRESS OF P	Calvert	S+ B. 1	Type Print) he ind 21.	202	Lois	E. 6	104218
APR1 710		STRAR'S SIGNATURE					-

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	, 2, 3 should		
	Pages 1		
VSICIAN: The law requires that the death certincate be executed writhin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		once.
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oe retail	le 5 sho		e notif
6 шау	tor, pag		nust be
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he death	the atte	Mental	niury.
s that t	ned by	ifth and	any
require	seen sig	. of Hea	Shows
The law	e has t	te Dept	5т 23
ICIAN:	sertifical	the Sta	or lit
G PHYS	er this	ith with	arked
TENDIN	DR: Aft	fter dea	18 IS IT
OR AT	DIRECT	be filed within 72 hours after death with	Item 2
E HOSPITAL	NERAL	thin 72	NT IF
THE HC	THE FU	fled wit	PORTA
2	2	e	7

1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, L Bessie May 4. SOCIAL SECURITY NUMBER	Thompson		1		2. OATE O MONTH	1-15 DAY	- 90 YE	120 P M	
4. SOCIAL SECURITY NUMBER 220-30-2528 9. FACILITY NAME (If not Institution, give street and number)			(Mooth, Day, Year) S. PUNDER 1 YEAR FUNDER 24 HRS. (Mooth, Day, Year) NONTHS DAYS HOURS MIN. 1 0 - 1 1 9b. CITY, TOWN OR LOCATION OF OEATH			Day, Year)			
Baltimore Ger	Baltimore General Hospital			lstown			Baltimore		
10e. STATE 10b. CO	10b. COUNTY Baltimore			10c. CITY, TOWN OR LOCATION			10d. INSIC LIMIT 1 \(\text{YES}		
10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
6511 Campfie	12 WAS DECEDENT EVES	R IN U.S. ARMEO		21207 CENDENT OF NISPAN	NIC ORIGIN?	U.S.A. 17 (Specify Yes or No.— 14. RACE — American in			
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE	S 2 NO	If yes, sp	ecity Cuban, Mexica 2 DMO Specifi	in, Puerto Ri			Black, White, alc. Specify: 'Hite	
(Specify only highest grade completed) (G			S USUAL OCCUPATION work done during mouse retired.)	ON ost of working	16b. I	(INO OF BUSI		Y	
Unknown 17. FATHER'S NAME (First, Middle, Las	1	Home	maker	18. MOTNER'S NA	ME (Flort Mi	Own :			
George Gilmore Pyle				Ada K	nigh	t			
Betty , M . I	Iney	The second secon		nd Number or Rural :					
20g. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3		Oaklawn					ATION — City of		
4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Oaklawi	22 NAME A	ND ADDRESS OF EA	ton]			e, MD. 2122 me, Inc. dalk, MD.21:	
Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	bOUE TO (OR AS	S A CONSEQUENCE	OF):						
PART ii. Other aignificant cond	d.	but not resulting	in the underlyin	g cause given in		24a. WAS AN A PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
					_	1 ☐ YES 2 }	⊠ ио	OF DEATH?	
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			LACE OF OEATN (CA	heck only one)			
1 TYES 2 NO NO	1 Inpatient 2 ER/O			ne 5 🗆 Residence	7		HIRV CORUM		
1 Natural 5 Pending 2 Accident Investiga	(Month, Day, Yea	7) 11		ORK?	28d. 0E\$0	CRIBE NOW IN	JUHY OCCURE	:0	
3 Suicide 6 Could no detarmin	t bill building, etc. (S	JRY — At home, ferm (pecify)	, streel, fectory, offic	Ce		TION (Street and Town, State)	d Number or R	tural Route Number,	
one)	PHYSICIAN: To the best of my kn MINER: On the basis of examina							use(s) and manner as stated.	
290 SIGNATURE AND TITLE OF CER	no House	Phys.	un	29c. LICENSE NU D36 4	MBER F5 6		29d. OATE SIG	SNED (Morith, Day, Year)	
30. NAME AND ADDRESS OF PERSON (1) (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	N WNO COMPLETED CAUSE OF BOLLING 32. REGISTRAR'S SI	nove Can	or Print)	and Ho.	spoto	QR.	ndall	stan, mp 2113	
APR 1 7 1990	Grice Tourd	- Randall							
	U		J.					DHMH-16 Rev	

MARGARITA A.

KORELL, MD

								30 1038
	FOR STATE REGISTRAR	STATE OF MARYLAND /		MENT OF H		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH
	Theresa Ann					4-9-90		11:45AM
	4. SOCIAL SECURITY NUMBER 217-66-4040	5. SEX 1 □ M 2 🖾 F 34	YRS. MO	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-03-19	55 M	erryland
OR		- RW			R LOCATION OF DEATH 1 Sc. COUNTY timore City			DE DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER Ur	Known		101.	ZIP CODE		1.11	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 ☒N IF YES, GIVE WAR OR DATES	MED IO	If yes, spe		NC ORIGIN? (Specify Yea n, Puarto Rican, atc.)		RACE — Amarican Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade) Elementary/Secondary (0-12) 8th	completed) (GI	ive kind of work Do NOT use re	,		16b. KIND OF BUS	INESS/INDUSTF	RY
MP	17. FATHER'S NAME (First, Middle, Last)		Unkno	own	** *********	ME (First, Middle, Maiden	Unkno	wn
BE CC	Frank Albert I	The second secon			Edna	Erma Sco	on	
10	19a. INFORMANT'S NAME (Type/Print) Edna E. Thayer					nester, N		•
	20a. METHOD OF DISPOSITION 1 □ Burial 2 A Cremation 3 □ Ramo 4 □ Donation 5 □ Other (Specify)	20b. PLACE	OF DISPOSITION	ON (Name of cerr	y, Inc	20c. LO	CATION - City of	
	21. SIGNATURE OF UNERAL SERVICE LIE	ENDEE MAN		22, NAME AN	D ADDRESS OF FA	CILITY	or ormo	10, 1111
	Solo 3	MacNabb		Crem 299	ation S Freder <i>i</i>	Society o	f Mar Balt	yland o., MD 212
	23. PART i. Enter the diseases, or c	omplications that caused the de Liet only one cause on each line						Approximate interval Between
	IMMEDIATE CAUSE (Final	. Multiple stab		ls and d	cutting v	wounds		Onset and Deat
	resulting in destily	DUE TO (OR AS A CONSEC						
CERTIFICATION	Sequentielly liat conditions, if any, leeding to immediate cause. Enter UNDERLYING							
RTIFIC	CAUSE (Disease or injury thet initiated eventa reaulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):					
	PART il. Other aignificant condition	a contributing to death but not r	eeuiting in t	tha underlying	csusa given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINOINGS
ICA						PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL						xxx		OF DEATH? XXXX YES 2 □ NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	eck only one)		
Sici	EXAMINER? XXXES 2 \(\square\) NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	DOA A	THER:		other (Specify)	SCENE	C
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY FOUND: 4-9-9	286. TIME O 11:2	OF 28c, INJ	JRY AT RK?	28d. DESCRIBE HOW I		
B	2 Accident Investigation	28a. PLACE OF INJURY — At ho			ES 2 NO	Subject st		
TED	3 Suicida 8 Could not be 4 determined	building, etc. (Specify)	Mote	_		City or Town, State)		timore City,
COMPLETED	ann)	CIAN: To the best of my knowledge, de						use(a) and menner as stated.
	29b. SIGNAMINE AND TITLE OF CENTIFIED		9	., ., ., ., .,	29c. LICENSE NUI			GNED (Month, Day, Year)
O BE	Mechino	helfull			OCME	notel)		10-90
2								

111 Penn Street, Baltimore, MD 21201

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1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	212-09-5467	1 - M 2 - F	92 YRS. MOI	NTHS DAYS	HOURS MIN.	(Month	, Day, Year) 12/189	7	Country) MARYL	AND
00	9a. FACILITY NAME (If not institution, give	street and number)	9b	o. CITY, TOWN C	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	1
5	CHURCH HOME NURS	SING HOME		BALTI	MORE CIT	Y				
DIRECTOR	10e. STATE 10b. COUNT	TY	10c. CITY, TO	OWN OR LOCAT	ION				10d.	INSIDE CITY
	MD.		BALT	IMORE				_		YES 2
RAI	10e. STREET AND NUMBER			10f	. ZIP CODE		1	10g. CITIZE		COUNTRY?
FUNERAL	101 N. BOND ST.	12. WAS DECEDENT EVE	R IN U.S. ARMED	13 WAS DEC	ENDENT OF HISPA	NIC OBIGIN	2 (Specify Year)	_	S.A.	American Indi
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES, GIVE WAR OF	ES 2 NO	If yes, sp	ecify Cuban, Maxico 2 NO Specif	en, Puerto f	lican, atc.)		Black, Whi Specify: WHITE	ita, atc.
ETED	15. DECEDENT'S ED (Specify only highest gred		16a. DECEDENT'S USL (Give kind of work	UAL OCCUPATIO	ON st of working	18b.	KIND OF BUSI			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re		•					
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, A	Aiddle, Maiden S	umame)		
6 111	CHARLES BADER	2					BRIEL			
TO BI	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	and Number or Rural			State, Zip Co	ode)	
E E	MRS. DORIS GARK				ve., #A2	02, 5				
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ref	moval from State	20b. PLACE OF DISPOSITION other place)	ON (Name of cert	metery, crematory or		20c. LOCA	ATION — CIF	y or Town, S	State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE //		22 NAME AN	ND ADDRESS OF FA	ACIL ITY				
схашшег	8 11/1	111/2	477-90				DD 5-	TMA	ME	24224
medical ex	23. PART I. Enter the diseases, Dr	1 value			E ANATOM					21207
9	IMMEDIATE CAUSE (Finel disease or condition	7./	n each iina.					,		Intarval 8
cyelli, ile	disease or condition resulting in death)	a. DUE TO (ON A	S A CONSEQUENCE OF):		A A					Interval 8
event, the	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata ceuse. Entar UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR A	IS A CONSEQUENCE OF):							Intarval 8
ERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata ceuse. Entar UNDERLYING	a. DUE TO (OR A	S A CONSEQUENCE OF):							Interval 8
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR A c. DUE TO (OR A d.	IS A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	erebro	.l A	tropho	24e. WAS AN A	WTOPSY	24b. WER	Interval E Onset an
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	b. DUE TO (OR A c. DUE TO (OR A d.	IS A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	erebro	.l A	tropho	\$	WTOPSY MED?	24b. WER MAIL COM	Interval B Onset and Onset and Re Autopsy F ILABLE PRIOR BELETION OF DEATH?
SHOWS any injury, or other traumatic event, the MEDICAL CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are also conditions.	b. DUE TO (OR A c. DUE TO (OR A d.	IS A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	the underlying	.l A	Part I.	24s. WAS AN A PERFORM 1 □ YES 2 [WTOPSY MED?	24b. WER MAIL COM	Interval B Onset and Onset and RE AUTOPSY F ILABLE PRIOR MPLETION OF G DEATH?
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ked, or them 23 shows any injury, or other traumant event, the PHYSICIAN: MEDICAL CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata couse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions ar	a. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A HOSPITAL:	A CONSEQUENCE OF): S A CONSEQUENCE OF): AS A CONSEQUENCE OF): The but not resulting in the bu	26. PL THER: Nursing Hom OF 28c. IN. WO	g cause given in	Part I.	24a. WAS AN A PERFORM 1 YES 2 [NUTOPSY MED?	24b. WER ARAI COM DF E	Approxim Interval B Onset and Onset
marked, or tiem 23 snows any injury, or other traumant event, the BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A	A CONSEQUENCE OF): S A CONSEQUENCE OF): AS A CONSEQUENCE OF): The but not resulting in the bu	26. PL THER: Nursing Hom NV M 1	g cause given in	heck only on	24a. WAS AN A PERFORM 1 YES 2 [JURY OCCU	24b. WER AMA: COM DF E	Interval B Onset and Onset and RE AUTOPSY F ILABLE PRIOR MPLETION OF DEATH? YES 2
If them 28 is marked, or them 23 shows any injury, or owner traumatic event, the IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. DUE TO (OR A C. DUE TO (OR A d. DUE	A CONSEQUENCE OF): SA CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): Dutpetlant 3 □ DOA 4 A Dutpetlant 3 □ DOA 4 B DUTPETLANT AT HOME OF INJURY	26. PL THER: Nursing Hom OF V M 1 1 1 et, factory, office at the time, data	g cause given in LACE OF PEATH (C) THE 5 PRESIDENCE THE STATE OF TH	heck only on 28d. DES	24a. WAS AN A PERFORM 1 YES 2 [oe) r (Specify) CRIBE HOW IN. ATION (Street and or Town, State)	JURY OCCUI	24b. WER AMAI COM DE E 1 RED	Interval B Onset and Onset and RE AUTOPSY F RABLE PRIOR RELETION OF DEATH? YES 2 Number,
If them 28 is marked, or them 23 shows any injury, or owner traumatic event, the IPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A c. DUE TO (OR A d. DUE TO	A CONSEQUENCE OF): SA CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): Dutpetlant 3 □ DOA 4 A Dutpetlant 3 □ DOA 4 B DUTPETLANT AT HOME OF INJURY	26. PL THER: Nursing Hom OF V M 1 1 1 et, factory, office at the time, data	g cause given in LACE OF PEATH (C) The 5 The Residence URY AT PIRK? YES 2 NO The second during t	heck only on B Othe 281. LOC Chy a to the cau	24s. WAS AN A PERFORM 1 YES 2 [YES 2	JURY OCCU	24b. WER AMAI COM DF E 1	Interval & Onset an O
marked, or tiem 23 snows any injury, or other traumant event, the BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediata ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation and Suicida 6 Could not be determined. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR A c. DUE TO (OR A d. DUE TO	A CONSEQUENCE OF): SA CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): Dutpetlant 3 □ DOA 4 A Dutpetlant 3 □ DOA 4 B DUTPETLANT AT HOME OF INJURY	26. PL THER: Nursing Hom NF V M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g cause given in LACE OF PEATH (C) THE 5 PRESIDENCE THE STATE OF TH	heck only one Bothe B	24s. WAS AN A PERFORM 1 YES 2 [YES 2	JURY OCCU	24b. WER AMAI COM DF E 1	Interval 9 Onset and Onset and RE AUTOPSY F RABLE PRIOR MPLETION OF DEATH? YES 2 Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

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, P.O. BOX 13146,	marries of structure properties The Inc. marries show the dark handlengt he meaned within Of house
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ramoval.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ars after death. Page 6 may be retained by the hospital or attending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO	O.	
	1. DECEDENT'S NAME (First, Middle, Lest)		1/0201				DAY YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign auntry)
OR	98. FACILITY NAME (If not Institution, give:		73 YRS.	4	R LOCATION OF DE	2-8-19 ath	9c. COUNTY O	Proll Co.
DIRECTOR	10a. STATE 10b. COUNT	youll Co	10c. CITY	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
FUNERAL D	1.0	FMANVILLE R	D.	illers 101	21079	· · · · · · · · · · · · · · · · · · ·	10g. CITIZEN C	1 ☐ YES 2 ☑ NO DF WHAT COUNTRY?
B√	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	S 2 NO		cify Cuben, Mexica	IC ORIGIN? (Specify Y n, Pusrto Rican, etc.)	B	RACE — American Indian, Slack, White, etc. Specify: WH/TF
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a, DECEDENT'S U (Give kind of w ille. Do NOT use	ork done during mo retired.)	N It of working	16b. KIND OF B	USINESS/INDUSTR	IY
BE COM	17. FATHER'S NAME (First, Middle, Lest) EAR! PETER	empe	110030	0100	18. MOTHER'S NAME OF A PARTIES	ME (First, Middle, Maide	n Sumame)	
TO B	196. INFORMANT'S NAME (Type/Print) LAWRENCE I	VAZAlis	196. MAILING	HOFF n		Coute Number, City or To		es, mD 21107
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from Btats	20b. PLACE OF DISPOSI other place)	ITION (Name of cen			OCATION — City of	
	21. SIGNATURE OF FUNERAL SERVICE L	MURIL	× 4-17-9	0	D ADDRESS OF FACE E ANATOM		BALTO.,	MD. 21201
	25. PART / Enter the diseases or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition rasulting in death)	s. Maly	sed tha death. Do not each line.	2	da of dying, suci	h as cerdiec or res	piratory arreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	. Colon	B A CONSEQUENCE OF	es				1-2 yrs
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A:	S A CONSEQUENCE OF):				
DICAL	PART II. Other significant condition	na contributing to deat	but not resulting in	n tha undarlyin	cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME								1 TYES 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	outpatient 3 DOA	OTHER:	S Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e, DATE OF INJUF (Month, Day, Yes	ry 26b. TIME	URY WO	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOV	V INJURY OCCURE	D
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, s pecify)	treet, factory, offic		281, LOCATION (Stree City or Town, Sta		ural Route Number,
COMPLETED	CONDUCTORINY	SICIAN: To the best of my kr						use(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFI	a MD			29c. LICENSE NUI	MBER 6	29d. DATE SIG	INED (Morith, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF		Print) AMPS RA	d, M	D 2/0	74	
	APK1 7 1990	32. REGISTRAR'S S						

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 27203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEOENT'S NAME (First, Middle, Last)		WIL	E 1 1 N	10				2. DATE OF DEAT	H DAY	YEA	9	ME OF O	EATH
FLORENCE 4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	`	IF UNDER	4 VPAR	IF UNDER	04.000	2. DATE OF BIRT	9.9	1990		E (State o	A ·
212-12-6020	1 M 2 VF	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, 16 12 19	er)	Co	untry)	E (Sign O	roreign
9e. FACILITY NAME (If not institution, give at		00	10	9b. CITY	, TOWN C	R LOCATIO	ON OF DE			OUNTY O	<u> </u>		
Baltimore Co. Ge	n.				Bali	timor	re. N	ld.					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	ION					10d.	INSIDE C	ITY
Md.			Baltimore								YES 2	□ NO	
3121 Cambridge D	r.			101, ZIP CODE 109, CITIZEN O US						COUNTRY	?		
11. MARITAL STATUS 1 XNever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	T EVER IN U.S. AF YES 2 X		, , , , , , , , , , , , , , , , , , ,				ACE — A leck, White becily:	mericen lite, etc.	ndlen,			
15. DECEDENT'S EDUC (Specify only highest grade	CATION	16e. DE	CEDENT'S	USUAL O	CCUPATIO	N et of workin	na	16b. KIND O	F BUSINESS	/INDUSTR		CN	
Elementary/Secondary (0-12)	College (1-4 or 5	·) \$5	eamtr	ess.	damig mo	at or workin	'W	15					
17. FATHER'S NAME (First, Middle, Last)					-	SR MOTE	HED'S NAI	ME (First Middle 14	alden Suman	201			
Tom WilkeMs						18. MOTHER'S NAME (First, Middle, Malden Surname) Hattie F Branch							
						ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)							
Mattie Rogers			31210	ambr	idge	Dr	Ba	Itimore	Md	2120	7		_
1 Quriel 2 Cremation 3 Remo	oval from State	20b. PLACE	of dispo	SITION (NA	ame of cer	netery, cren	matory or		c. LOCATION				
4 Conetion 5 Other (Specify)	ENSEE	Ceda	1 111	-	NAME AN	ID ADDRE	SS OF FAC		<u>Glen</u>	Burn	1e M	1d. 212	117
· 1/my	Brow	M.		Wn	n. C	. Bro	own (Comm.F.H	1206	W.N	orth	Δν.	.1/
23. PART I. Enter the diseases, or c			eath. Do								1	Approx	-
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line.								Interva	Between				
disease or condition A whe Myacardial Infarction suspen						spec	Ko/	į					
immediate cause (Finel disease or condition resulting in deeth) e. Acute Myocardial Infarction suspected Due to (or as a consequence of): Athorisalente heart disease but to (or as a consequence of): Due to (or as a consequence of):													
Sequentielly list conditions,	wentially list conditions to Athanisatente heart alseene												
if any, leeding to immediate cause. Enter UNDERLYING	bus to (or as a consequence of): to immediate NDERLYING to or injury vents DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CAUSE (Disease or injury thet initieted events													
resulting in deeth) LAST	. Con	jeshe	ha	and of	Ta	ilre	` <	chenic					
PART II. Other significent condition		deeth but not	reaulting	In the u	nourtyin			Part I. 24a. W	S AN AUTOF				Y FINDINGS
Fractive of	18 ×	hip a	per	ales	1				RFORMED?		CON	LABLE PR IPLETION I DEATH?	
mile bene	nnon											YES 2	□ NO
Phone Venan	o ulc	ev											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	DEATH (Ch	eck only one)					
1 TYES 2 NO 27. MANNER OF DEATH	28e. DATE OF		28b. TH			URY AT	esidence	8 Other (Specification of Specification		OCCUPE			
1 Natural 5 Pending	(Month, L	Day, Year)	IN	JURY M	WC	PRK?	¬ NO	260. DESCRIBE	IOW INJURY	OCCURE	,		
2 Accident Investigation 3 Suicide 6 Could not be determined		OF INJURY — At h	ome, ferm,	street, fac	tory, offic	•		281. LOCATION (S City or Yown,		mber or Ru	ral Route	Number,	
TOO CENTERED 3													
	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner es stated.												

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LOESA! 5008 4 201

31. OATE FILEO (Mornin, Day, Year)

APR 1 7 1990 June Davis Lawrence Arguette

DHMH-16 Rev 1/89

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 more after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	in 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi he filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burlal, cremation, or removal.	th.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Jugarta	WEICH	ERTIMA	NITA M.	WEICHERT	MONTH DA	2- 90	7/2-	
	4. SOCIAL SECURITY NUMBER 6	. SEX 6. AGE (In	DIRTHPLACE (State or Foreign						
	217-16-7781	1 M 2 DF 76 YRS. MONTHS DAYS HOURS MIN. (Month, Dey, Year)						VIRGINIA	
	9e. FACILITY NAME (If not institution, give street	t end number)		h. CITY, TOWN C	R LOCATION OF DE	ATH //3 //	9c. COUNTY		
DIRECTOR	MANOR Care Towson Towson Balt								
<u> </u>	10e. STATE 10b. COUNTY		19c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
	MARYLAND HAR	FORD		ABERDEE	ZIP CODE		10g CITIZEN	1 YES 2 40	
FUNERAL	309 SEAGULL DR.				21001			U.S.A.	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIYE WAR OR DATES					IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.) ::		RACE — American Indian, Black, White, atc. Specify: WHITE	
9	15. DECEDENT'S EDUCAT	ION 1	6a. DECEDENT'S US	UAL OCCUPATION	DN	18b. KIND OF BUS	SINESS/INDUST		
	(Specify only highest grade cor Elementary/Secondery (0-12)	mpleted) College (1-4 or 5+)	(Give kind of worldle. Do NOT use r	k done during mo etired.)	st of working				
7	12	obliege (1-4 bi 5 +)	HOUS	E WIFE					
COMPLET	17. FATHER'S NAME (First, Middle, Last)		11003	F MILE	16. MOTHER'S NA	ME (First, Middle, Melden	Sumeme)		
_	SEYMORE BULLOC	ν				ELLE SMIT			
8	19e. INFORMANT'S NAME (Type/Print)	N	10h MARING AL	DDBESS /Street o		Route Number, City or Tow		(4)	
2								···)	
	JUNE MARTIN 309 SEAGULL DR. ABERDEEN MD. 2 20c. METHOD OF DISPOSITION 20c. LOC 20c. LOC								
	20e. METHOD OF DISPOSITION 1	of from State	m State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) GREEN MOUNT 4/13/90 BALTIMORE						
	21. SIGNATURE OF FUNERAL SERVICE LICEN		D.T. T. A. L.O.	22. NAME A	D ADDRESS OF FA		DE MD	04044	
	De Colonia Vaca	DENNIS CA	PITANO	LEON	ADD 1 DII	BALTIMO	RE MU.	RFORD RD.	
	23. PART I. Entar the diseases, or cor	polications that coursed	the death Do not		ARD J.RU				
	shock, or heart failure. Lie			antai tre inc	da or dying, suc	n aa cardiec or reep	ratory arrest,	intarval Between	
	IMMEDIATE CAUSE (Final					Onset and Daath			
	disease or condition resulting in death)		ma					1 week	
		DUE TO (OR AS A C	CONSEQUENCE OF):			1		1.11	
z	dementia- Alesenneis type "Typs.								
읟	Sequentially list conditions, if sny, lasting to immediata	DUE TO (OR AS A	CONSEQUENCE OF):	8		10			
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury					22.2			
	that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):						
H	resulting in death) LAST								
<u>ت</u> ا	PART II. Other significant conditions	contributing to death but	t not resulting in	the underlyin	a causa alvan la	Part I. 24s. WAS AN	ALITOPSY /	24b. WERE AUTOPSY FINDINGS	
₹	TATE II. Other significant conditions	continuating to death bu	t not resulting in	tha underlyin	g causa given in	PERFO		AVAILABLE PRIOR TO	
ă						1 YES 2	₽ NO	OF DEATH?	
₩						_		1 TYES 2 TO	
ÿ				/					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)			
2		☐ Inpetient 2 ☐ ER/Outpe			ne 5 🗆 Reeldence	6 Other (Specify)			
E	27. MANNED OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, tN.	JURY AT ORK?	26d. DEŞCRIBE HOW	NJURY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident Investigation	(YES 2 NO				
	3 Suicide 6 Could not be	26e. PLACE OF INJURY - building, etc. (Specif	- At home, farm, str	est, factory, offic	in .	28f. LOCATION (Street City or Town, State)	and Number or I	Rural Route Number,	
	4 Homicide determined	building, etc. (Specif	y)			City or lown, State,			
W	29e. CERTIFIER	AN: To the best of my knowle	day dayth assumed			and the second section			
COMPLETED	CONDON OTHY	_						euse(e) end menner as stated.	
					29c. LICENSE NU	MRFR	L and DATE S	CHIEF MALE A MALE	
	296. SIGNATURE AND TITLE OF CERTIFIER				29C. LICENSE NO	WI LOTEL S	290. DATE BY	GNED (Month, Day, Year)	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Man.	lucal	MA	Do 41	>_1	▶ 4//	2/90	
	29b. SIGNATURE AND PITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OEA	lilea /	MU)	D241	21	D 4/1	2/90	
BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OEA ENBERG 12. RIGISTRANGOSIGNA GAME DAN	1134	MY) YORK	D241	21	D 4/1	2/90 - MD 2/093	

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to be such within 72 hours after death with the State heart of Hearth and Mental Horling Endry to build, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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L DR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face within 70 burns after death with the State Dent of Health and Mertal Hydings prior to burla, cremation, or removal.	He
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	FOR STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF H		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF DEATH		3. TIME OF	OEATH
	Catherine Agnes					April 16,	1990		
	4. SOCIAL SECURITY NUMBER 214-74-5807	5. SEX 6. AGE (In yrs 1 □ M 2 □X 9	2 YRS.	#F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	T. DATE OF BIRTH (Month, Day, Year) Feb. 11, 1	898	8. BIRTHPLACE (State Country) NewYor	
E I		9a. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital				ath e		nty of DEATH Timore	
Ĕ	RESIDENCE OF DECEDENT						Da	CIMOLE	
DIRECTOR	Md . 10b. COUNTY	BAltimore	10c. C/1	Y, TOWN OR LOCA Esse				10d. INSIDI LIMITS 1 YES	5?
FUNERAL	10a. STREET AND NUMBER 702 Dorsey Ave			10	2122	1		USA	TRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN II S	ARMED			IC ORIGIN? (Specify Yes		14. RACE — America	in Indian,
BY F	1 Never Married 2 Married FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES				ecify Cuban, Maxican 2 NO Specify.			Specify: White, etc.	ite
ا ۾	15. DECEDENT'S EDUC	ATION 16a	. OECEDENT'S	USUAL OCCUPATION	ON	18b. KIND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	(Specify only highest grade of Elamentary/Secondary (0-12)		work done during mose retired.) Sewife	st of working					
<u> </u>	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S NAI	ME (First, Middle, Maiden	Sumamal		
S	Thomas Carr			Jane	Glancy	Surrieme)			
BE	19a. INFORMANT'S NAME (Type/Print)	- 1				loute Number, City or Town			
2	John Wunder 705 Sharps Court Fallston Md. 21047								
	20a. METHOO OF OISPOSITION 1								
	21. SIGNATURE OF FUNERAL SERVICE LICE	Ga	rdens	of Fa	ith Ceme	etery I	Ross	ville Mo	3.
	21. SIGNATURE OF FUNERAL SERVICE LICE	mula / Ha)			eralHome:	300M	aceAVe.	21221
	23. PART I. Enter the diseases, or co	omplications that caused the	deeth. Do					reet, App	roximats
	IMMEDIATE CAUSE (Final								et and Death
	disease or condition resulting in deeth)								
	OUE TO (OR AS A CONSEQUENCE OF):								
8	Sequentielly list conditions, Due TO (OR AS A CONSEQUENCE OF):								
Ě	If any, leading to immediate cause. Enter UNDERLYING COlonic Adenocarcinoma								
FIC	CAUSE (Disesse or injury that initiated events	OUE TO (OR AS A COI							
CERTIFICATION	resulting in desth) LAST	l							
	PART II. Other algorificant conditions	s contributing to death but n	ot resulting	In the underlyin	g csuse given in	Part I. 24s. WAS AN	AUTOPSY		
MEDICAL						PERFOR			ON OF CAUSE
ED						I TES 3	VI NO	OF DEATH?	
Σ.								1 123	2 110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000174		_	LACE OF DEATH (Che	ack only one)			
Sic	1 TES 2 XNO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	nt 3 🗆 DOA	OTHER: 4 \(\text{Nursing Hor}\)	ne 5 🗌 Raeldenca	6 Other (Specify)			
	27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending 28c. NATE OF INJURY OCCUREO INJURY OF INJURY							CUREO	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY — A building, etc. (Specify)	At home, ferm,	street, factory, offic	:•	281. LOCATION (Street City or Town, State)		r or Rural Route Numbe	BC,
COMPLETED	one)	CIAN: To the best of my knowledger: R: On the beels of exemination and			Carlos Anna Maria				er as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			TE SIGNED (Month, De)	
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296. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Sq. Dr., Balto.

04/16/90

Curtis D. Stokes, M.D. 32 AGGISTANTS, SIGNATURA PONDER APR 1 7 1990

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DR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be di		and the second control of the second control
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	1 - STATE REGISTRAR	STATE OF MARY				DEATH		REG. NO		1.	
	1. OECEOENT'S NAME (First, Middle, Last)	E HENRY	E Wi	OL RI	DGE		2. DAT	. 1		EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birth	MONTHS	R 1 YEAR	IF UNDER 24 H	IRS. 7. OAT	E OF BIRTH	con S		NCE (State or Foreign
	Sar-FACILITY NAME (If not institution, give s		Val "		Y, TOWN C	OR LOCATION	OF OEATH	-/3 -/	9c. COUNTY	OF OEAT	11/1e, W
TOR	Lepton M. AESIDENCE OF DECEDENT	ed Cen	Tex.	E	BAI	timo	ve (ity			
DIRECTOR	19e. STATE 10b. COUNT	Υ	100	CITY, TOWN	OR LOCAT	TION	2	0		100	d. INSIDE CITY
		1 1	//	917/1	101	, ZIP COOE			10g. CITIZE	OF WHA	YES 2 NO
FUNERAL	2635 20401	A Nor1	HWA	4	ć	212.	15		11.	5.	A.
BY FUN	II	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	S 2 NO	13.	If yes, sp	ENDENT OF H ecify Cuben, N	lexicen, Puert	GIN? (Specify Ye o Rican, atc.)	e or No— 14	RACE - Black, W	American Indien, hite, etc.
8	15. OECEOENT'S EDUCATION 16e. OECEOENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY										
ᇤ	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +)										
once. COMPL	17. FATHER'S NAME (First, Middle, Last)										
E 111	Unknows marine (1981, MOON) MARINE (1981, MOON) SURPRING (1982)										
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
De n	20e. METHOD OF DISPOSITION	MLANCA	20b. PLACE OF O	35 /	DEN	119 NO	Del hu	uny 6	CATION - CH	The	12/215
must	1 Burtel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	noval from State	other place)	1/190	UA/	notory, cremato	m.	10	D/K	, C	Sm!
examiner must	21. SHIMATURE OF FUNERAL SERVICE LI	CENSEE		22	NAME AL	NO AODRESS	OF FACILITY	55 F	HNEY	ml	Home
	Yoseph o	L. Kuss	/	á	200	210.	Nos	th Ac	e.BI	2/3	ynd, 2121
medical										Approximete Interval Between	
\$	disease or condition CEPSIC OF UNKNOWN STULOGY									Onset and Death	
event,	resulting in death)	resulting in death) OUE TO (OR AS A CONSEQUENCE OF):									
atic ON	Sequentially list conditions. To PRESSURE ULCER @ HIP MONTHS										
CATION	If any, leading to immediata ceuse. Enter UNDERLYING	If any, leading to immediate									
or other traumatic RTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	OUE TO (OR A	S A CONSEQUEN	CE OF):							
5 K	Teadring in death) Exst	d									
shows any injury, MEDICAL CE	PART II. Other aignificent condition	_		ting in the u	ınderiyin	g ceuse give	en in Part i.		N AUTOPSY RMEO?	AM	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO
MEDICAL	C. D.	eiche a	11 (12					1 TYES	2 🗷 NO	OF	MPLETION OF CAUSE DEATH?
shov										"	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OT U		LACE OF OEAT	H (Check only	one)			
0 ≥	1 ☐ YES 2 ☑ NO	1 Inputient 2 ER/C			ursing Hon	ne 6 🗆 Reeld					
BY PHY		(Month, Day, Yel		INJURY	W	JURY AT DRK? YES 2 \(\) N		DEŞCRIBE HOW	INJURY OCCUI	HEO	
<u>∞</u> 0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, atc. (URY — At home, f Specify)	arm, atreet, fa	ctory, offic	E8		OCATION (Street lity or Town, State		Rural Rout	e Number,
IMPORTANT: If Item 28 O BE COMPLETE	294. CERTIFIER (Check only one)	SICIAN: To the best of my lo									
CON		ER: On the basic of examin	ation end/or inves	tigation, in my	opinion, o			ate end place, e			
APORTI	James C. A.	chardo	n ms			29c. LICENS	7394		29d. OATE S	f//T	(90)
을 은	30 NAME/AND ADDRESS OF PERSON W	HO COMPLETED CALLES OF	OFATH (ITEM 27)	(Time Print)	_	00	- '			1,0	/ 10

Suka Jawas Sign The Land

30. NAME/AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1700, Print)

APR1 7 1990

21230

no

JAMES P. RICHARDSON MO

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	r death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO		
100 100	1. DECEDENT'S NAME (First, Middle, Last) GEURGE	WHITH	nek.	SR		2. DATE OF DEATH MONTH D	AY YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-16-5154	6. SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BI	RTHPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give a	treet and number)	, tho.	96. CITY, TOWN	OR LOCATION OF DE	5 8	9c. COUNTY O	4 4
	RESIDENCE OF DECEDENT	excal Haggir	tal	Fallet			KAR	fred .
	Maryland Harf			y, town of loca lesville				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10a. STREET AND NUMBER 1166 Ridge Rd.				r. ZIP CODE		U.S.	OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR D.	2 NO	13. WAS DEC	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	s or No- 14. R	NACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	ille. Do NOT us	work done during more retired.)	ON ost of working	166, KIND OF BU		ry .
	8 th 17. FATHER'S NAME (First, Middle, Last)		Mecha	anic		ME (First, Middle, Maiden	Sumame)	_
	George 190. INFORMANT'S NAME (Type/Print)	Whitlock	-	ADDRESS (Street	Sophi and Number or Rural	e Route Number, City or Tow	Hine	
	Mrs. Helen M. Wh	206	. PLACE OF DISPOS	e as Lin	CATION City o	or Town, Stata		
	1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	Ga	ardens of		4/16/90 ND ADDRESS OF FA		ltimore	e, Md. d. 21214
	+ Paul L. He	utsock De	2			ick, Inc.		
	HAMEDIATE CALIDE (FIRST	a. Utterale	sch ilna.	Carles				Approximata interval Batween Onset and Death
	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	c	A CONSEQUENCE O					
	that initiated events resulting in death) LAST	d	CONSEQUENCE O	F):				
	PART II. Other significant condition	ns contributing to death b		Turi (Kens			RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 140
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\text{\subset}\) NO	HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH (Ch	s Cother (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b, TIN	IE OF 26c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
	Accident Investigation Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm,	street, factory, offi	ice	28f. LOCATION (Street City or Town, State		ural Route Number,
	TOTAGE OTHY	ICIAN: To the best of my know ER: On the besis of examination						use(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CENTRE AND AUGUST OF PERSON WE	1814 1110	LLA ELAN		PO //	MBER 194	29d. DATE SIG	NED (Month, Day, Year)
	RICHARD J	COLFER, 1	UD	20137	we stell	aurick R	1034	,
	APR 1 7 1990	Lydia Sevida						
	T. A.							DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	3	
DIVISION OF VIEW PECCHES, T.C. DOX 12175, FIGURE 1110-1110	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTM			IENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	RAYMOND	WARE			2. DATE OF DEATH		VEAR	TIME OF DEATH 2:17am m
		SEX 6. AGE (In yrs.	last birthday) IF t	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 6 28 1	917	Country)	CE (State or Foreign
OR	90. FACILITY NAME (If not institution, give street SACRED HEART HOSE							LLEGAN	
FUNERAL DIRECTOR	100. STATE 10b. COUNTY W. Va. Minera							1.00	1. INSIDE CITY LIMITS? YES 2 NO
ERAL	10e. STREET AND NUMBER 92 Maryland St			7	ZIP CODE 26726		S.A.		
B		12. WAS DECEDENT EVER IN U.S. ARMED							American Indien, hite, etc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondery (0-12) C		DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mos red.)	t of working	Mines			
NO.	17. FATHER'S NAME (First, Middle, Last)		-2 0.011			NE (First, Middle, Mai			
BE C	William S. Ware				Venon	a Layma	n		
10	190. INFORMANT'S NAME (TypePrint) Norma Ware					yser, V	.Va.	2672	
	4 Donation 5 Other (Specify)	1 2 Cremation 3 Removal from State Frostburg			Park	F	rostb		
	21, SIGNATURE OF FUNERAL SERVICE LICENS Allen In	Xotin	S	Roti	ruck Fu Ke	neral H	lome	85 S 26726	.Main St.
	23. PART I. Enter the diseases, pr com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		Elsp1	Mats	le of dying, auch	as cardiac or re	spiratory arr	pat,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM DUE TO (OR AS A COM OULE TO (OR AS A COM	ISEQUENCE OF):	non Meor	85/54 85/5 4	Reni	l Tha	i lu	U
PHYSICIAN: MEDICAL (PART II. Other significant conditions of	contributing to death but no state of the contribution of the cont				LUCY PER	AN AUTOPSY FORMED? S 2 NO	AM CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION DF CAUSE OF CEATH? OF YES 2 NO
CIA		OSPITAL:	on	28. PL THER:	ACE DF DEATH (Che	ock enty one)			
ΗXS	1 YES 2 NO 1	Inpatient 2 - ER/Outpatien	28b. TIME OF		5 - Residence	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OC	CURED	
Y PI	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK? ES 2 NO				
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
COMPLETED	(Check only	N: To the best of my knowledge On the basis of examination and							nd manner es stated.
TO BE CO	296. SUMATURE AND TITLE OF CENTIFIER	yung			29c. LICENSE NUN	ABER S	29d, DAT	OUX	11.90
F	CHANG OH, M.D	OMPLETED CAUSE OF DEATH 48 TARN	TERRACE		STBURG, N	ØD 21532	1		
	31. DATE FILED (Month, Day, Year)	AL MEDITIES CONTROL	ME.						

- J. P.

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permit.

anding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y the attending	d Mental Hygie	injury, or ot
been signed by	nt. of Health an	shows any
icate has	State Deg	item 23
is certif	vith the	ed, or
After th	death w	s mark
RECTOR:	urs after	m 28 i
RAL DIF	72 hot	If He
THE FUNE!	e filed within	MPORTANT
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

Nakhuda

2300

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH OAY (NMN) Wanke Gertrude 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) : 00PHM <u>Gertrude</u> Wanke 04-12-90 A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1 M 2 NF 95 516-54-3683 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore DIRECTOR Stella Maris Towson RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Cockeysville 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21030 Sandspring Court USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Bleck, White, atc. FORCES? 1 YES 2 XNO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 X NO Specify: Specify. BY 3 Widowed 4 X Divorced Caucasian COMPLETED 18a, DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16h, KIND OF BUSINESS/INDUSTRY during most of working (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Dietitian U.S.A. Hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Gertrude Knapp Karl Wanke 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Boute Number City or Town, State, Zio Code) 2 Hugh R. Wanke Sandspring Court, Cockeysville, MD 21030 20a. METHOD OF DISPOSITION

1 Burlet 2 D Cremetton 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Metro Crematory, Inc. Baltimore, MD 4 Donation 5 Other (Specify) 21. SIGNATURE DE FUNERAL SERVICE DE CEMSEE
George E. Mac 22. NAME AND ADDRESS OF FACILITY Cremation Society of Maryland 299 Frederick Road, Baltimore, MacNabb Approximata 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Arterio-sclerotic Cardio Vascular Disease DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outp DOA ng Home 5 - Residence 8 - Other (Specify) 4 Nural 27. MANNER OF DEATH 284. DATE OF INJUST 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY X₁ Netural 5 Pending investige 1 TYES 2 NO ВУ 2 Accident 28s. PLACE OF INJURY 28f. LOCATION (Street and Number or Rural Route Number, City or Town State) 3 Suicide 8 Could not be COMPLETED 4 Homicide seath occurred at the time, data and placa, and due to the cause(s) and menner as atated. 2 MEDICAL EXAMINER: On the basis of exa on, in my opinion, death occured at the time, data end place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 8 2 30. NAME AND ADDRESS OF PERSON THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dulaneu Valleu RD. Towson .

HEGISTRIAR'S SIGNATURE

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TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detache al.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24s.rs after death. Page 6 may be retained by the host

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H			HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				3. TIME (OF DEATH	
	Alice	Sue	V	Vright		монтн 4	1.3		YEAR	7 • 4	5 P.	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1	n yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF					ate or Foreig	ın
				MONTHS DAYS	HOURS MIN.	(Month, L	Day, Year)	- 1	Country	1)		
	213 26 1662	<u> </u>				2/14	1/33		Md.			
_	9e. FACILITY NAME (If not institution, give si				OR LOCATION OF DE	ATH		9c. COUN	TY OF DE	EATH		
Ö	University Hos	spital		Ba.	ltimore							
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	100 07	Y. TOWN OR LOCAT	1001					10d, INSI	DE CITY	
DIRECTOR	Md.		altimore						1 YES 2 NO			
FUNERAL	3906 Dorcheste	er Rd.		101	10f, ZIP CODE 21215				U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X N O	If yes, sp	DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-specify Cuben, Mexicen, Puerto Rican, etc.) 44. RACE—Black, WI Specify: Black					, White, e		
	15. DECEDENT'S EDU		16e. DECEDENT'S	USUAL OCCUPATION	ON	16b. K	IND OF BUS	SINESS/IND	USTRY			
E I	(Specify only highest grade	completed) College (1-4 or 5+)		work done during ma se retired.)								
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Foste	r Parer	nt		Paı	cent:	ing			
COMPLETED	17. FATHER'S NAME (First, Middle, Last) John Wheatfal	18. MOTHER'S NAME (First, Middle, Melden Surname)										
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street a	and Number or Rural I	Route Number	: City or Tow	n, State, Zip	Code)			
임	Earl Wright								alto., Md. 21215			
	20s. METHOD OF DISPOSITION 1 3 Burlel 2 Cremetion 3 Rem	oval from State	other place)	SITION (Name of cer	metery, crematory or			CATION —				
	4 Doneston 5 Other (Specify) Western Star Balto., Md.								i .			
	21. SIGNATURE OF FUNERAL SERVICE LK			22. NAME A	A A MO	CILITY	s. S.	ne				
	Dames a.	MATTER							Ma	3 2	1217	,
			the test of		Lauren							
	23. PARTI. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on a		not anter the mo	da of dying, auc	h as cardia	c or resp	iratory arr	est,		proximata arval Batv	
	IMMEDIATE CAUSE (Final	•								On	set and D	eath
	disease or condition resulting in death) Thoraco-abdominal Trauma											
	DUE TO (OR AS A CONSEQUENCE OF):											
_												
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
AT	if any, leading to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE	PF):								
E	resulting in death) LAST									!		
E		d										
- 1	PART ii. Other significant condition	ns contributing to death b	ut not resulting	in the underlyin	g cauae given in	Part i. 2	24a. WAS AN		24b		TOPSY FIND	
0							1 X YES				TION OF CAU	
						_	n				S 2 NO	
2						_				· M		
A	25. WAS CASE REFERRED TO MEDICAL			26 D	LACE OF DEATH (Ch	ank only one						
Ö	EXAMINER?	HOSPITAL:		OTHER:	EACE OF DEATH (C)	BUK Orlly Uno						
YS	1)X YES 2 □ NO	1 Inpatient 2 X ER/Outs			ne 5 🗌 Residence							
PHYSICIAN: MEDICAL								INJURY OC				
BY	1 Netural 5 Pending 4-13-90 7:05P M 1 YES 2 NO pas							in a	uto/	auto	o imb	act
	3 Suicida 6 Could not be	26e. PLACE OF INJURY building, etc. (Spec	/ — A1 home, ferm,	atreet, fectory, offic	ce .	28f. LOCAT	TION (Street Town, State	1100	or Rural J	Route Num	ber,	
4 Homicida determined street Cooks Lane									timo	ore.	Md.	
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and manner												
COMPLETED	one)	ER: On the basis of examination								e) end mei	nner ee stat	ed.
8				,, opinoit,			- Financia					151
BE (295. SIGNATURE AND TITLE OF-CERNIFIE	(Z)			29c. LICENSE NU			29d. DAT		(Month, E	Day, Year)	
TO E	AM	X			OCME				4-14	4-90		
	30. NAME AND ADDRESS OF PERSON WI	TO COMPLETED CAUSE OF DE	AIH (ITEM 27) (7/10)	e. Print)								

111 Penn St., Balto., Md.

21201

Ann M. Dixon, M.D.

DHMH-16 Rev 1/89

physician. burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 11:20 DM April 14. Lucy WILSON 1990 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 11/11/1919 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. Balto., Md. 70 216 12 0542 1 M 2 F •• FACILITY NAME (If not institution, give street and number)
Franklin Square Hospital 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Rosedale DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY 10e. STATE 10c. CITY TOWN OR LOCATION Md. 1 X YES 2 NO 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODS 1 224 St. U.S.A. 923 Baylis 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 X Merried IF YES GIVE WAR OR DATES Black BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY Housewife College (1-4 or 5+) Home Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Owens Fred Brewer Annie BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 923 Baylis St. Balto., Md, 21224 Wilson 20a, METHOD OF DISPOSITION

X Buriel 2 Cremation 3 Removal from State 20c. LOCATION - City of Town State
Owings Mills, Md. 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Garrison Forest V.A. 4 Donation 5 D Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons ames a. morton 1701 Laurens St. Balto. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. **Approximate** shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final Progressive Cardiovascular Accident (Left Hemisphere reculting in death) NO Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CERTIFICATI CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 □Xnpatient 2 □ ER/Outpatient 3 □ DOA OTHER: ng Home 5 - Residence e - Other (Specify) 4 🗌 Nun 28c. INJURY AT WORK? 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 2et. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 4 🗌 Homicide COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner ee stated. 2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Menn 14-90 n/a

9000 Franklin Square Drive

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Gishia Davidson Mandalle

Stanley Kman, M.D.

31. OATE FILEO (Month, Day, Year) APR1 71990

21237

Balto

ov Kman, h.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar-transit permit. Pages 1, 2, 3 should be field within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlar, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	Tiediotteri				TIEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		1	anua. r	DATE OF DEATH		3. TIME OF DEATH		
	TADDY VOING	100		2/13/53	ADDTT 9		YEAR M		
- 1	LARRY YOUNG	- 50			AFRILLOS	1990	9:30 p M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last bit	- "	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6	BIRTHPLACE (State or Foreign		
- 0	145-51-1041 1D/12 0 F 27	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)	15 0	Country) H N		
- 11	243-86-204/ 12M2 UF 37				12 13 5	201-	OUNT (HYVINA		
	9a. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN	R LOCATION OF DE	ATH ,	9c. COUNT	Y OF DEATH		
~				1	1 T				
ō	THE JOHNS HOPKINS HOSPITAL		BALTIN	10RE / "	114	BAT.T	'IMORE CITY		
E	RESIDENCE OF DECEDENT			-			THURS WITH		
DIRECTOR	(10m, STATE / 10b. COUNTY 1	Oc. CITY, T	OWN OR LOCAT	TON	· ·		10d. INSIDE CITY		
<u>~</u>	m / /	0	1/1	T			LIMITS?		
	11/1904/90r!	13	HIII	かってし			1 YES 2 NO		
	10e. STREET AND NUMBER		101	ZIP CODE		10a, CITIZE	N OF WNAT COUNTRY?		
≲		/							
面	1001 Bennett Place	l (/	1 SIRI						
Z	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME	n .	12 WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No.	4. RACE — American Indian,		
FUNERAL	1 Never Married 2 Married FORCES? 1 YES 2 NO				n, Puerlo Rican, atc.)	101 NO-	Black, White, etc.		
	IF YES, GIVE WAR OR DATES			2 NO Specifi			Sparcity		
ВҰ	3 Widowed 4 Divorced					- 1	RIGAK,		
							01110		
Ш	15. DECEDENT'S EDUCATION 16a. DECEI (Specify only highest grade completed) (Give	kind of work	done during me	on ost of working	16b. KIND OF BUS	SINESS/INDU	STRY		
	Elamentary/Secondary (0-12) College (1-4 or 5+)	NOT use re	tired.)	1			1		
7	Constitution (C.E.)	110	16:11						
5		113	110111	10					
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 1			MOTHER'S NA	ME (First, Middle, Malden	Sumame)	- 1		
	111 11:0 (1			100	nTI	01			
H	WILL FOUNG			LOE	H JU	-4			
	(19a_INFORMANT'S NAME_(Type/Print) 19b. N	IAILING AD	DRESS (Street a	and Number or Rural	Route Number, City or Tow	n Sate. Zip C	code)		
2	9h - 77 1	4 4 1	1	++	111	7	X U. /		
	INTS. In elessa young 1	001	DE1	nell	MALLI	941	10, mc		
	20a. METHOD OF DISPOSITION AND PLACE OF	DISPOSITI	ON (Name of ce	metery, crematopy or	20c. LO	estion - ci	ty/or Town, State		
	1 Burlai 2 Cremation 3 Removal from the conversion	7	7 (11411)	notory, oronnalogy or	1	201	1 (1		
	4 Donation 5 Other (Specify)	, 14	UDUL	NIP	$m_1 \mid c$	7411	0, (p. m)		
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	NO AODRESS OF FA	060		-n/ Home		
	0 6)		hise	nh L	11.55 F	UNC	114,110110		
	Vina alistalluna		727	5 11 11	+1 N.10	0	14 (1-10,010)		
1.0	MATERIAL O. LOGI		000	JUNO.	MIN HUE	BAL	10,410,2126		
	23. PART I. Enter the pleeeees, or complications that caused the death	. Do not	anter the mo	de of dving, suc	h es cardiac or reep	retory erre	et, Approximata		
	shock, or heart failure. List only one cause on each line.					,	Interval Between		
	IMMEDIATE CAUSE (Finel								
	disease or condition								
	resulting in death)								
	DUE TO OR AS A CONSEQUE	NCE OF):							
	D	1					n.		
Z	I kneumo and Dreumania (month)								
CERTIFICATION	quentially list conditione, DUE TO (OR AS A CONSEQUENCE OF):								
A	cause. Enter UNDERLYING						24000		
<u>ડ</u>	CALISE (Disease or Injury						- July		
E	that initiated events oue TO (OR AS A CONSEQUE	ENCE OF):							
F	reaulting in death) LAST	1					1. 3110ADE		
1	d. 1111/12	C 1100	1				- 4 CM 3		
	DART II Out and a state of the	-tate v te					T		
MEDICAL	PART II. Other significent conditione contributing to deeth but not ree	uiting in	the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ਹ							COMPLETION DF CAUSE		
ā					1 _ YES 2	NO NO	OF GEATH?		
Ш							1 - YES 2 - NO		
2							- In the Late		
PHYSICIAN:									
A	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (C/	neck only one)				
0	EXAMINER? 1 VES 2 00 1 Victoriant 2 ER/Outpetient 3	0	THER:	· ·					
S	1 TYES 2 DO 1 Tylinpatient 2 ER/Outpatient 3 I	DOA 4	□ Nursing Hor	ne 5 🗌 Rasidenca	6 Other (Specify)				
+	27. MANNER OF DEATH / 28a. DATE OF INJURY ;	6b. TIME C	F 28c, IN	JURY AT	28d, OESCRIBE HOW	NJURY OCCL	JRED		
0	(Month, Day, Year)	INJUR	A Mu	PRK?					
В			M 1	YES 2 NO					
m	Actionit	form stre	et fectory offic	- An	26f, LOCATION (Street	and Number o	r Rural Boute Number		
0	building, atc. (Specify)	, 101111, 0110	at, ractory, orn	••	City or Town, State;		rara roote range,		
Ш	4 Homicide detarmined								
ш	AL ASSESSED A Z								
2	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death	occurred	nt the time, date	and place, and due	to the cause(a) and ma	nner as stated	d.		
Ξ	one) 2 MEDICAL EXAMINER: On the basis of examination and/or inv	estination	in my nainian	death accuract at the	time data and place as	ad due to the	cause(s) and manner as stated		
COMPLETED	a	- augenon,	my opinion,	veem voorted at IN	e, une and piece, at	TO USE TO THE			
	29b. SIGNATURE AND TITLE OF CERTIFIER	}_		29c. LICENSE NU	MBER	29d, DATE	SIGNED (Month, Day, Year)		
BE	- Nesiden	(7)	.1	EIGENSE NO		DAILE .	Las Las		
	a procetasiva ini) Johns	Hopki	as Hosp	1		P 4/2	19/90		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2	7) (Type D							
	The same and application and complete condition DEATH (ITEM)								
	Ur Hone Muchaskan Johns Hopk	ing t	tosp (10. W. 400	He Ba	Ihan	10215 Cm 2		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			1-140	170 170				
	an army and the state of the st						- 1		
	[ADD 1 17 [UU] A. S.I. A. A. A. A. A. A. A. A. A. A. A. A. A.								

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BALTIMORE, MARYLAND	rs after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detache on, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink its after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notiffed at once.
DIVISION OF VIT	TO THE HOSPITAL DR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certifical be filed within 72 hours after death with the Sta	IMPORTANT: If Item 28 is marked, or Ite

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /		RTMENT				MENT	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH				3. TIME OF DEATH		
								Apr		1990	YEAR	12:45 P W	el .	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les		IF UNDER	1 YEAR	YEAR IF UNDER 24 HRS.		7. DAT	E OF BIRTH	1550	8. BIRTH	IPLACE (State or Foreign	-
	183-12-5678A	1 [X] M 2 🗆 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	Tu	enth, Oay, Year)	1911	Counti	ntry)	
	9e. FACILITY NAME (If not institution, give	1 /	70		9b. CITY, TOWN OR LOCATION OF DI			cy 15,		NTY OF D	ennsylvania	,		
œ								ON OF D	LAIN					
6	Franklin Square Hospital				KO.	ssvi	cce				I Ral.	t1mo	re County	_
낊	10e. STATE 10b. COUNT	TY 10c. CITY, T			Y, TOWN	OR LOCA	TION					10d. INSIDE CITY	_	
H	Maryland Bal	altimore Dur				Pundalk					LIMITS?			
4	10e. STREET AND NUMBER				10f. ZIP CODE						VHAT COUNTRY?	_		
FUNERAL DIRECTOR	8306 Orchard Drive							2	1222	2	u.	S.A.		
3	11. MARITAL STATUS	12. WAS DECEDE	NT, EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT (OF HISPAI	NIC ORIO	GIN? (Specify Yes		14. BACI	E — American Indian.	
E	1 Never Merried 2 XMerried	FORCES?	1 X YES 2 □ N WAR OR DATES	10		If yes, sp	ecify Cube	n, Mexica Specif	in, Puert	o Ricen, atc.)		Spec	k, White, etc.	
B	3 Widowed 4 Divorced	Army-P	te WWII					ороси	,			орос	White	
E	15. DECEDENT'S EDI (Specify only highest grad	JCATION e. completed)	18e. DE	CEDENT'S	USUAL O	CCUPATIO	ON set of work	na	1	8b. KIND OF BU	SINESS/INC	USTRY		Т
<u> </u>	Elementery/Secondary (0-12)	College (1-4 or 5	+)		work done ise retired.)	using me	Of OI WORK	''y						
MP	8th Grade		Co	al M	iner					Const	ructi	ion		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						220000			t, Middle, Malden				
BE (Joseph Zubey						M	agde	line	2 Not	know	1		
10 B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRES	S (Street a	and Numbe	r or Rural	Route Nu	ımber, City or Tow	rn, State, Zip	Code)		Т
F	Mary Zubey			830	6 Orc	char	d Dr	ive,	Bal	etimore	. MD	212	222	
	20c. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State													
	#4 □ Oonetton 5 □ Other (Specify) Uar Lawn Cemetery 4/17/90 Baltimore, Maryland													
	21. SIGNATURE OF BUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc.													
	Dregon	8/8	ees		"	7UUU	~Kuci	e ru	neu	u nome 2. Balt	00 1	unac	ur, inc.	
	23. PART I. Enter the diseases, or	complications th	et caused the de	eth Do									21222	_
	shock, or heert fellure	List only one ce	use on each line	h.	not onto	the me	ao Di ay	my, out	JII 08 CI	ardiec or resp	notory on	oot,	Interval Between	
	IMMEDIATE CAUSE (Fine) disease or condition													
	e. Flyocardial Infarction									_				
	DUE TO (ON AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									_				
TA	If eny, leeding to immediate cause. Enter UNDERLYING													
윤	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):									_				
E	resulting in deeth) LAST				,									
E		d												_
AL	PART II. Other significent condition	ns contributing to	deeth but not i	esulting	In the u	nderlyin	g cause	given in	Part I.			240	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
3	Severe Pneumoconiosis, Chronic Obstructive Pulmonary								COMPLETION OF CAUSE OF DEATH?					
Ę.	Disease Sovere might ventuicular failure								1 YES 2 NO					
-	У									1				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one)													
SIC	1 VES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		ne 5 🗆 R	esidence	8 🗆 0	ther (Specify)				
<u></u>	27. MANNER OF DEATH	77. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c, INJURY AT 28						_	DESCRIBE HOW	INJURY OC	CURED		_	
	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation			100	M		YES 2	_ NO						
) BY	3 Suicide 28e. PLACE OF INJURY — At the				street, fac	tory, offic	in .			OCATION (Street		r or Rural	Route Number,	
COMPLETED	4 Homicide determined building, etc. (Specify)													
ا۳	290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the beat	of my knowledge, de	ath occur	red at the	time date	and plac	and du	to the	cause(a) and me	nner ee ste	ted		
M	anni .												e) end manner as stated.	
		1110	-)	9									_
BE	29b. SIGNATURE AND TITLE OF CERTIFI	" KAL	brend	P	1	H.D.	29c. LIC	ENSE NU	MBER	N/A			(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	ISE OF DEATH //TE	M 27) (5m	a Drint			_		11/71		- (((1100	_

Reynaldo Carandang, MD 9000 Franklin Square Drive

ND 21203-3146	hospital or attending physician.	ached for use as the burial-transit perm	.66.
BALTIMORE, MARYLAND 21203-3146	death. Page 6 may be retained by the	funeral director, page 5 should be det	examiner must be notified at on
DS, P.O. BOX 13146, BA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permodel. The filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL OR ATTENDING PHYSICIAN: The law requires that	L DIRECTOR: After this certificate has been signed by a hours after death with the State Dept. of Health and	i item 28 is marked, or item 23 shows any
	TO THE HOSPITA	TO THE FUNERA be filed within 7.	IMPORTANT: !

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HEGISTRAR		CENTIL	TOATE	CUL	ZEATH		HEG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		2.					OF DEATH			TIME OF DEATH
MADCADET BA	ARBARA	ZIRANS	VΤ			APRT	4 /		YEAR	1:52 A M
MARGARET BA		(In yrs. lest birthday)	-	V VEAR	IF UNDER 24 HRS.	7. DATE C		1/-		NCE (State or Foreign
4. SOCIAL SECONT F NOMBEN			MONTHS		HOURS MIN.	(Month,	Day, Year)		Country)	CE (State or Poreign
213-20-5471	1 □ M 2 💢 F	65 YRS.				MAR.	15 19	25 N	faryl:	and
9a. FACILITY NAME (If not institution, give si	reet and number)		9b. CITY	, TOWN OR	LOCATION OF DE	ATH		9c. COUNT	Y OF DEAT	н
NORTH ARUNDEL	HOSPITAL		1 7	CLEN	BURNI	_		AMNE	A D I	INDEL
RESIDENCE OF DECEDENT	HOSTITAL			GLLIV	DUKNI			ANNE	ARU	INDEL
10a, STATE 10b, COUNTY		10c, Cl	TY. TOWN O	OR LOCATIO	N .				100	d. INSIDE CITY
			_							LIMITS?
	Arundel	G	<u>len E</u>	Burnie					1	☐ YES 2 X NO
10e. STREET AND NUMBER				10f. 2	CIP CODE			10g. CITIZI	EN OF WNA	T COUNTRY?
1533 Hodges Ave.				1	21061			USA		
11. MARITAL STATUS	12. WAS DECEDENT EVER I	HILE ABMED	140		NDENT OF HISPAN	IC OBICINE	Manathi Maa		4 DACE	American Indian.
1 Never Married 2 Married	FORCES? 1 YES	2 X 140		If yes, speci	Ify Cuban, Mexica	n. Puerto R		or No-	Black, W	
3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		1 YES 2	NO Specify	r:			Specify:	T 71
3 (24 Wildows 4 Districted										White
15. DECEDENT'S EDU	CATION	16a. DECEDENT	S USUAL O	CCUPATION	ad and delega	16b.	KIND OF BUS	INESS/INDU	STRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	during most	or working					
	4	Torob				١,	A C			
12th	4	Teach	er				A. Cou			
17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA	ME (First, M	liddle, Maiden	Sumame)		
Charles A.	7	locke1			Marie			Bi	ttne	r
19a. INFORMANT'S NAME (Type/Print)		-	C ADDRES	C (Ctroot and	1 Number or Rural I	Dougla Museula	or City or Town			
The State of the S		100 Dec. 100								
Genevieve	Vanner	812 D	ividi	ng Ro	oad, Sev	rerna	Park,	Mary	land	21146
20a. METHOD OF DISPOSITION	200	b. PLACE OF DISP	OSITION (Na	ame of ceme	tery, crematory or		20c. LO	CATION — C	ty or Town,	State
1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place) Lew Cath	adwa1	Come	atory		Rol+	imore	Mas	ryland
21. SIGNATURE OF FUMERAL BERNICE LIC		ew Cacii			ADDRESS OF FA		Dar	LINOLE	, Ma	Lyland
21. SIGNATURE OF TOTELIAL SERVICE DE	11/2/	1.			TON FUNE		HOME			
Appar	UKOIIV	mon								
7.0000	10/11	2000								MD 21061
23. PART I. Enter the diseases, or			not enter	r the mode	e of dying, suc	h as card	lac or respi	ratory arre	st,	Approximate
	List only one cause on e	ech line.								Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	R1.	100	2.	0.1						Oliset and Death
resulting in desth)	DUE TO (OR AS	ropper	und	2016	2,01	441	GRA	6		XIWK
Macade										
	b. TRACH DUE TO (OR AS	941	15,	DIR	17/01	1/				XIUG
Sequentielly list conditione,	DUE TO (OR AS	A CONSEQUENCE	OFI:	//	1//-					171
if eny, leeding to immediate cause, Enter UNDERLYING						-11	-40	1) 11 10	71.	100000
CAUSE (Disease or Injury	c 1/1009/0	285511	-	JUNE.	KANU	CLC	MKI	146	/	XZYES.
that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):							
resulting in death) LAST										
	4									
PART ii. Other significant condition	s contributing to death i	but not resulting	in the u	nderlying	ceuse given in	Part i.	24a. WAS AN	AUTOPSY		ERE AUTOPSY FINDINGS
	_						PERFOR	MED?		AILABLE PRIOR TO IMPLETION DF CAUSE
						_ 1	1 YES 2	☐ NO		DEATH?
									11	YES 2 NO
						- 1				
1										
25. WAS CASE REFERRED TO MEDICAL			T		CE OF DEATH (Ch	eck only on	9)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHE	R:				-		
EXAMINER? 1 YES 2 NO	1 2 Inpatient 2 ER/Out		4 🗆 Nu	R: rsing Home	5 Residence	6 🗆 Other	(Specify)	HIBY OCC	IDED	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		26b. T	4 - Nu	R: raing Home 28c. INJUI WOR	5 Residence	6 🗆 Other		YJURY OCC	JRED	
EXAMINER? 1	1 ☑ Inpatient 2 ☐ ER/Out 26a. DATE OF INJURY	26b. T	4 🗆 Nu	R: raing Home 28c. INJUI WOR	5 - Residence	6 🗆 Other	(Specify)	NJURY OCCU	JRED	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 2 Inpatient 2 ER/Out 26a. DATE OF INJURY (Month, Dey, Veer) 28e. PLACE OF INJURY	26b. T.	4 - Nu	R: raing Home 28c. INJUI WOR 1 YE	5 Residence	6 Other 28d. DEŞ 28f. LOC	(Specify) CRIBE HOW II			e Number,
EXAMINER? 1	1 2 Inpatient 2 EP/Out 26a. DATE OF INJURY (Month, Day, Year)	26b. T.	4 - Nu	R: raing Home 28c. INJUI WOR 1 YE	5 Residence	6 Other 28d. DEŞ 28f. LOC	(Specify)			e Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	1 2 Inpatient 2 ER/Out 26a. DATE OF INJURY (Month, Dey, Veer) 28e. PLACE OF INJURY	26b. T.	4 - Nu	R: raing Home 28c. INJUI WOR 1 YE	5 Residence	6 Other 28d. DEŞ 28f. LOC	(Specify) CRIBE HOW II			e Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide determined	1 2 Inpatient 2 ER/Out 26a. DATE OF INJURY (Month, Dey, Veer) 28e. PLACE OF INJURY	Y — At home, farm	4 Number of Numb	R: raing Home 28c. INJUI WOR 1 YE	5 Residence RY AT K? SS 2 NO	6 Other 28d. DES 28f. LOC/	T (Specify) CRIBE HOW II ATION (Street & or Town, State)	and Number o	or Rural Rout	e Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	1 [2] Impatient 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm	4 Number Number NJURY	R: raing Home 28c. INJUI WOR 1 YE story, office	5 Residence RY AT K? SS 2 NO	6 Other 28d. DES 28f. LOC/City of	(Specify) CRIBE HOW II ATION (Street a pr Town, State)	and Number of	or Rural Rout	
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EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	1 [2] Impetient 2 ER/Out 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe ICIAN: To the best of my know ER: On the basis of axamination	Y — At home, ferm	4 Number Number NJURY	R: raing Home 28c. INJUI WOR 1 YE story, office time, data a opinion, dec	5 Residence RY AT K? SS 2 NO	6 Other 28d. DES 28f. LOC/City of to the cautime, data	(Specify) CRIBE HOW II ATION (Street a pr Town, State)	oner as state d due to the	d. cause(s) ar	nd manner as stated.
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OSE P. NEPOMUCENO M.D. 784

DATE FILED (Mogth, Day box)

32. REGISTRAR'S SIGNATURE

APR 17 1990

APR 17 1990

DHMH-16 Rev 1/89

PART SALE OF THE SALE

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the study within 72 hours after death with the State Bent of Health and Mental Handene prior to build, cernation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	afte	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral displayment of the formal property of the formal formal property of removal.	cal
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STATE	0F	MARYLAND	/ DEPART	TMENT	OF H	IEALTH	AND	MENTAL	HYGIENE
			ERTIFI	CATE	OF	DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			NTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) James Archt	oald Jr.				DATE OF DEATH	3 90°	3. TIME OF DEATH 10:30 P. M	
	4. SOCIAL SECURITY NUMBER 171-05-4546	5. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS. 7.	Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give s	71	+	b. CITY, TOWN C	R LOCATION OF DEATH		9c. COUNTY		
TOR	814 Mockingbird	La.		Tows	n			Balto.	
DIRECTOR	10a. STATE 10b. COUNT Maryland Ba	lte.	10c. CITY, 1	TOWN OR LOCAT	ION	,		10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
3AL I	10a. STREET AND NUMBER			10f	ZIP CODE			OF WHAT COUNTRY?	
FUNERAL	814 Mockington 1	12. WAS DECEDENT EVER IN	U.S.ARMED		21204 ENDENT OF HISPANIC			RACE — American Indian, Black, White, atc.	
BY	1 Never Married 2 XXMarried 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Maxican, F 2 [X] NO Specify:	Puarto Rican, atc.)		Specifi White	
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	life. Do NOT use n	k done during mo etired.)	st of working	16b. KIND OF BUS		TRY	
COMPLETED		College (1-4 or 5+)	Office	Worke:		Medic			
	17. FATHER'S NAME (First, Middle, Last) James Archbald				18. MOTHER'S NAME		Sumama) Thomp:	san	
TO BE	James Archbald 19a. INFORMANT'S NAME (Type/Print)	<u>V1</u>	19b. MAILING AL	DDRESS (Street a	Margaret nd Number or Rural Rou	te Number, City or Tow			
-	Mary H. Archhal		PLACE OF DISPOSIT	Same as		20c 10	CATION — City	or Town, State	
	1 № Burial 2 □ Cremation 3 □ Ram 4 □ Donation 5 □ Other (Specify)	Ch.	abbas minasi		etery 4/17			lle, Pa.	
	21. SIGNATURE OF PUMERAL SERVICES	Schole St			Tewson Fu	1050 Y		. 21204	
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. ACUTE		HED IN			ratory arrest	Approximate Interval Batween Onset end Death	
CERTIFICATION	disease or condition resulting in death) ACUTE MYSCARD IN TOFARCTON DUE TO (OR AS A CONSEQUENCE OF): CALSE (Disease or injury that initiated events resulting in death) LAST LAGRANGE TO CORRESPONDE TO THE CORRESPONDE TO								
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	na contributing to deeth bu	it not resulting in	the underlyin	g couse given in Pa	PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES SE NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE DF DEATH (Check				
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN.	URY AT 2	Sd. DESCRIBE HOW	NJURY OCCUR	ED	
BY	1 Netural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY		M 1 🗆	YES 2 NO	8t. LOCATION (Street	and Number or	Dural Bouth Number	
TED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Speci		- Includy, office	_	City or Town, State		TO BE PROPERTY.	
COMPLET	anal	BICIAN: To the best of my knowle ER: On the basis of examination						euse(a) and manner as stated.	
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	1 Jam	_ rD		29c LICENSE NUMBI	er 95	29d. DATE \$	GNED (Manth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON W				Rd. Balto	. Md. 2	1212	,	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNA	Mandell						

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has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	e Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last) JOSEPH W		BENSON			2. DATE OF	T 13 DAY	1990 ^{ve}	3. TIME OF DEATH 10:00 PM
	4. SOCIAL SECURITY NUMBER 216-54-4254	1 g M 2 □ F 4	7 YRS. MON	JNDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	12-	віятн Рау, Year) 15—4	8	BIRTHPLACE (State or Foreign Country) MD
TOR	90. FACILITY NAME (If not institution, give s FRANKLIN SQUA RESIDENCE OF DECEDENT				R LOCATION OF DE			9c. COUNTY Bal	of DEATH timore
DIRECTOR	10e. STATE 10b. COUNTY MD	Ą		WN OR LOCAT					10d. INSIDE CITY LIMITS? TO YES 2 \(\square\) NO
FUNERAL	10a. STREET AND NUMBER 101 Lycett Cir	ocle			ZIP CODE 1220				of what country? SA
B	11. MARITAL STATUS 1 ♣ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	27 NO	If yee, spe	ENDENT OF HISPAN celfy Cuben, Mexicen 2 MO Specify	n, Puerio Ric			RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)		16e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mo- ired.)	N at of working			INESS/INDUST	
СОМР	NA 17. FATHER'S NAME (First, Middle, Last)		CUSTOD	IAN	18. MOTHER'S NA	ME (First, Mic			S UNIVERSITY
TO BE	JAMES 190. INFORMANT'S NAME (Type/Print)	BENSON			CATHER	Route Number			~
	MARSHA 280m METHOD OF DISPOSITION 1 □ Buriat 2 □ Cremation 3 □ Rem 4 □ Denetion 5 □ Other (Specify)	ioval from State	. PLACE OF DISPOSITIO other place)		netery, crematory or	E/BA	20c. LOC	ATION — City	MD 21206 or Town, State E, MD
	21, SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	D ADDRESS OF FA				NORTH AVE.
	IMMEDIATE CAUSE (Final	complications that coused List only one cause on earlier a. Massive In	ach lina.	entar the mo	de of dying, eucl				
CERTIFICATION	Sequantially list conditions, if eny, laading to immadiata ceuse. Enter UNDERLYING CAUSE (Diseasa or injury that initiated events resulting in deeth) LAST	Immadiata DERLYING or Injury nts DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL (PART II. Other significant condition	na contributing to death b	out not reculting in th	ne underlyln	g cause given in		PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIFAL:	patient 3 00A 4	THER:	ACE OF DEATH (Ch		(Specify)		
ву рну	27. MANNER OF DEATH J Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	26c. INJ WO			, ,,	IJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, ferm, atree	t, fectory, offic			ION (Street a Town, State)	nd Number or I	Rural Route Number,
COMPLETED	cond only	ER: On the best of my know							euse(e) end manner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CENTIFIE	HUGY	1)		29c. LICENSE NUI	MBER			GNED (Month, Day, Year)
	30 NAME AND ADDRESS OF PERSON WITH Jonathan Hit	obs, M.D.		9000 F	ranklin	Squar	e Dr.		21237
- 1	31. DATE FILED (Month, Day, Year)	33, REGISTRAR'S SIGN	handell						

DHMH-16 Rev 1/89

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IERAL DIRECTOR; After this certificate has been signed by the attending physician and completely timed in by the pureral director, page 3 should		IT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	
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псате	iin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, o	
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1 - STATE REGISTRAR		CERTI		F DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	AKA N. RUT	TH BECKER			2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEATH
	ECKER				04	16	90	21:30 p.m.
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday	MONTHS DAY		7. DATE OF E (Month, Day	y, Year)	s. BIRT Coun	HPLACE (State or Foreign try)
213-34-6082	1 M 2 F	86 YRS.				/1903	Ma	ryland
9a. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOW	N OR LOCATION OF	DEATH	9c.	COUNTY OF	DEATH
St. Agnes Hosp: RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. COUNT Maryland Ba	ital		Balt	imore				
RESIDENCE OF DECEDENT	TV .	100 C	TY, TOWN OR LO	CATION				10d, INSIDE CITY
Maryland Be		100.0						LIMITS?
	ltimore		Lansdov					1 YES 2 NO
				101. ZIP CODE		10g.		WHAT COUNTRY?
2614 Willow Ave.				21227			U.S.A	-
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 1	YES 2XXNO		Specify Cuben, Mexic			14. RAC Blac	E — American Indien, ik, White, etc.
3 🔀 Widowed 4 🗆 Divorced	IF YES, GIVE WAR O	OR DATES	1 🗆 '	ES 2X NO Spec	ity:		Spec	White
	ICATION	180 DECEDENT	S USUAL OCCUP	TION	10h WIN	D OF BUSINESS	MAIDHETEN	WILLE
(Specify only highest grad	le completed)	(Give kind o	work done during	most of working	IOD. KIN	D OF BUSINESS	MUUSTRY	
Elementary/Secondery (0-12) 7th Grade	College (1-4 or 5+)	Homen	akar					
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondery (0-12) 7th Grade 17. FATHER'S NAME (First, Middle, Leat)		Homen	akei	40 1405115010 11	AME (First, Middl			
Pohome Olyson						,	,	
Robert Olver					rine E			
D I ISS. INFORMANT S NAME (Typerfill)				et end Number or Rura				
noward n. Olver				Ave. Ba				21227
20e. METHOD OF DISPOSITION 1 K Burlel 2 Cremetion 3 Rec	noval from State	other place)		cematery, crematory or		20c. LOCATIO		
4 Donation 5 Other (Specify)		Loudon F				Baltin	nore,	Maryland
21. SIGNATURE OF FUNERAL SETVICE L	ICENSEE			and ADDRESS OF F		o Inc		
Christooke~	H. Miles			Wilkens				D 21229
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the c	oue to (or b. Coronary Due to (or	ry edema a as a consequence y atherose as a consequence as a consequence	or: clerosi: or:		mia			
resulting in desth) LAST	d	77						
PART II. Other algnificant condition	ne contributing to do	th hut ant constitu	e la dan malad	dan asura akun l	- Prod Lat		nav I a	
Nephroscler						PERFORMED?		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DEATH (C	check only one)		1.	
EXAMINER?	HOSPITAL:	/Outpatient 3 DOA	OTHER:	tome 5 - Residence	6 Other (Sc	necify)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Y	JRY 28b. T	IME OF 28c.	INJURY AT WORK? YES 2 NO		BE HOW INJURY	OCCURED	
n Daniel	26e PLACE OF IN.	JURY — At home, ferm (Specify)	, street, factory, o	ffice	261. LOCATIO City or To	N (Street and Numer, State)	mber or Rural	Route Number,
	SICIAN: To the best of my							(e) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	I Klick	en Ani.	٥.	29c, LICENSE N DO49	UMBER 64	29d	04/17	0 (Month, Day, Year)
WILLIAM J. H	IICKEN, M.D.	, ST. AGN		ITAL, BAI	LTIMORE	, MD 21	1229	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE						
ADD 10 1990	Tille Devident	Markon						

		DIV	2	ON	0	>	ITA		JE C	Ö	8	Ś	P.	0	SOX	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	46,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	HOSPITAL	NO.	TEN	DING	PHY	SICIA	N: The	WE!	requi	res t	hat th	e de	ath o	ertific	ate be	execut	ed within
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	UNERAL	DIRE	CTOR.	Afte	r this	certil	ficate 1	has b	een s	igne	d by	the a	ttend	d Bui	hysicia	n and	отріете
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to bunal, cremati	vithin 72	hours	after	deat	DIW U	The	State	Dept	01	earth	and	Men	E E	VOIEN	PHOL	ED DUIL	al, crem
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, t	ANT: H	item	28	E	arked	, 00	Hem	23	shov	18 3	ny is	3	0.	othe	r trai	ımatic	event,

1 Netural

2 Accident

3 Sulcide

4 Homicide

BY

COMPLETED

BE

2

5 Pending Investigation

6 Could not be determined

29b. SIGNATURE AND TITLE OF CERTIFIER

APR1 81990

PREM LAL I Giulitto

PREM LAL, M.D.,

		1. DECEOENT'S NAME (First, Middle, Las							2. DATE	OF DEATH
		NEIL O. BLACK							A	pril 1
5X)		4. SOCIAL SECURITY NUMBER 184 12 4227	7. DATE (Month 8 – 7	of BIRTH , Day, Year) -16						
2, 3 should	стоя	99. FACILITY NAME (If not institution, give Perry Point V		tal				LOCATION OF		
	5	RESIDENCE OF DECEDENT								
permit. Pages	DIRE	Pa Yor			Mt.	y, town or Wo 1 t	_	N		
erm.	AL	10e. STREET AND NUMBER					-	IP CODE		
. ž	ERAL	4326 Starview I	Rd.				17	347		
03-3146 attending physician.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 2 Wildowed 4 Divorced	12. WAS DECEDE	NT EVER IN U.S. AR 1 X YES 2 N WAR OR DATES WW II		11 1	S DECEN	IDENT OF HISP Ify Cuben, Mexi	cen, Puerto R	
203- attend	8	15. DECEDENT'S EL (Specify only highest gra	DUCATION (de completed)	16a. DE	CEDENT'S	USUAL OCC	UPATION	of working	16b.	KIND OF BUS
VD 212 hospital or ached for u	COMPLET	Elementary/Secondary (0-12) 12 yrs	College (1-4 or 5	+)		work done du me rettred.) Drive:		or working)	ork S
AND the hospit detached	Ö	17. FATHER'S NAME (First, Middle, Last)		-				18. MOTHER'S I	AME (First, A	fiddle, Meiden
Y d b	111	Aaron Black Margare 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Ric								
MARY retained 5 should	0	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street and	Number or Run	l Route Numb	er, City or Town
E, W		Heffner Funeral	Home		1701	W. Ma	rke	r St.	ork,	Pa. 1
ORE,		20a METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Re 4 Donetion 6 Other (Specify)	emoval from State	other ni	ace)			ardens		90 Yo
BALTIMORE, MARYLAND 21203-3146 ter death. Page 6 may be retained by the hospital or attending phys the funeral director, page 5 should be detached for use as the burity wai.		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			Ruc	k To	ork Rd	unera	
n by tremo		23. PART i. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Final	e. List only one ca	use on sach line	ath. Do i	not enter ti	ne mode	of dying, s	ich as card	lac or reapi
thin 27 tely fille mation,		disesse or condition resulting in death)	Lung	cancer						
3146, seculed within 24 nound completely filled it burial, cremation after oversity to make event the month of the month o			DUE TO	O (OR AS A CONSE	QUENCE O	F):				
BOX 13146, erificate be executed with on physician and complying physician burial, or other traumaritic even	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	O (OR AS A CONSE	OUENCE O	F):				-
	DC.	CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	O (OR AS A CONSE	OUENCE O	F):				
ECORDS, equires that the en signed by the Marketth and Minuscant Infiliation	MEDICAL	PART II. Other algoliticant conditi	ons contributing to	o death but not i	reaulting	In the und	erlying	csuse givan i	n Part i.	24a. WAS AN PERFOR
Se as	Z	25. WAS CASE REFERRED TO MEDICAL						05 05 05 15		
Z f a a a	2	EXAMINER?	HOSPITAL:			OTHER:		CE OF DEATH (
0 0 ==	14S	1 TYES 2 NO	1 Inpatient 2 26e. DATE O	ER/Outpatient 3	DOA 28b. TIM		6c. INJUI	5 Residence	_	r (Specify)
TYSIC OF JUST	1	X. X.		Day, Year)	IN.	JURY	WOR	K?	200. DES	CHIDE HOW II

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 YES 2 NO

29c. LICENSE NUMBER

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

Ata

VAMC, Perry Point, Maryland 21902

6im

32. REGISTRADIS SIGNATURE

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3. TIME OF DEATH 5, 1990 11:15P 8. BIRTHPLACE (State or Foreign Connecticut 9c. COUNTY OF OEATH Cecil 10d. INSIDE CITY 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indien, Black, White, etc. Specify: White INESS/INDUSTRY tone and Supply Sumame Carr n, State, Zip Code) 7404 CATION - City or Town, State rktownship, Pa. e, Inc. 1. 21204 ratory arreat, Approximata interval Between Onset and Death AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NO 1 TES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. alon end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and manner as stated. 29d. DATE SIGNEO (Month, Day, Yeer)

4-15-90 DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					MENTAL HYG				
	1. DECEDENT'S THAME (First, Middle, Last)	DORIS ALD			_ 01	DLAI	-	2. DATE OF DEAT			3. TI	ME OF DEATH
	Dopis	A SI	FFON	111				MONTH O 4	DAY	90		94725 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7, OATE OF BIRT	н	8. B	IRTHPLAC	E (State or Foreign
	219-32-5367	1 □ M 2 □XF 52	YRS.	MONTHS	DAYS	HOURS	MIN.	April 2	(9.19)	37 M	ountry) aryla	and .
	9e. FACILITY NAME (If not institution, give street			9b. CITY	, TOWN O	R LOCATIO	ON OF DE				OF DEATH	. /
E	St. JOSEPH	Hasnital	ر	Towson BALTIMO							ORE	
DIRECTOR	RESIDENCE OF DECEDENT	10301101										
8	10a, STATE 10b, COUNTY			10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
	Maryland Howar	<u>d</u>		Columbia								YES 2 NO
₹	104. STREET AND NUMBER			10f. ZIP CODE 2.1.045					U.S.A.			
FUNERAL	8784 Cloudleap Ct.											
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 K NO		If yes, spe	cify Cuba	n, Mexicai	n, Puerto Rican, at	(Specify Yea or No-can, atc.) 14. RACE — American in Black, White, etc. Specify: White			merican Indian, te, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		1 TYES	2 🔀 NO	Specify					
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	USUAL O	CCUPATIO	N		18b. KIND O	F BUSINES	S/INDUST	RY	
E	(Specify only highest grade co	College (1-4 or 5 +)	(Give kind of life. Do NOT L			it of workin	g	7.7	1.		0	
P.	12		Word Pr	roces	sser			wes	tingh	iouse	Cor	р.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, M		me)		
BE (William E. Button					Eve	1yn	M. Knig	ht			
0	19e. INFORMANT'S NAME (Type/Print)					nd Number	or Rural F	Route Number, City of	or Town, Sta	e, Zip Cod	le)	
-	Emmett Button		Same									
	20a. METHOD OF DISPOSITION 1 → Burlel 2 □ Cremetion 3 □ Remov	nd from Citatia	b. PLACE OF DISPO				,		c. LOCATIO	-		
	Parkwood Cemetery 4/18/90 Parkville, Md.								•			
	21. SIGNATURE OF PUNERAL SERVICE LICES			22.	Ruc	k To	WSOI	i Funera	1 Hon	ne, I	nc.	
	Carl J.	(aner			105	0 Yc	rk E	Rd., Tow	son,	Md.	2120	4
	23. PART i. Entar tha diseases, or 90 shock, or heart failure/Li	mplications that cause	b. Bt			de of dyl	ng, auc	h as cardiac or	respiretor	y arrest,		Approximate interval Between
	iMMEDIATE CAUSE (Final	at only of cause on e	/	2060	1	4						Onset and Death
	disease or condition resulting in death) a. We that the fraction Carcinoma											
	DUE TO (OR AS A CONSEQUENCE OF):											
Z	Sequentially list conditions, Due to (or as a consequence of):											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE (DF):							İ	
길	CAUSE (Disease or injury C.	DUE TO (OR AS	A CONSEQUENCE (OFI:		_						
Ē	that initiated events resulting in death) LAST	ave a discool										
	d,											
CAL	PART ii. Other significant conditions		but not resulting	in the u	nderiying	g cause g	given in	Part i. 24a. W	AS AN AUTO		AVAI	E AUTOPSY FINDINGS LABLE PRIOR TO
	Bladdy Carrin	ioma -						1 🗆 Y	ES 2 1	10		PLETION OF CAUSE DEATH?
MEDI								_			1 [YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF 0	EATH (Ch	eck only one)				
YSI	1 NES 2 NO	1 Inpatient 2 - ER/Out		4 □ Nu	rsing Hom		esidence	6 Other (Specific				
표	27. MANNER OF CEATH 1 Natural 5 Pending	(Month, Day, Year)		ME OF		RK?	-115-0	28d. DEŞCRIBE	HOW INJUR	Y OCCUR	EĐ	
B	2 Accident Investigation			M		YE\$ 2 [_ NO	************				
8	3 Suicide 6 Could not be 4 Homicide datermined	28s. PLACE OF INJURI building, atc. (Spe	ocify)	, street, fac	ctory, offic	•		28f. LOCATION (: City or Town,		umber or F	tural Houte	Number,
<u> </u>	20. 05.000				<u></u>							
COMPLET	CHOCK OTHY	IAN: To the best of my know										
8		On the basis of exemination	on end/or investigat	ton, in my	opinion, a				ice, end du	to the co	iuse(e) end	menner as stated.
BE (29b, SIGNATURE AND TITLE OF CERTIFIED	11100				29c. LIC	ENSE NUI	MBER 4. G	290	DATE SI	GNED (Mor	th, Day, Year)
10		uce mo-	FATIL (ITEL	. 67		V >2	00 6	01		4	10	70-
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	35 (1)	Hu	40	Ln	,	69 Towson	15/	np.	21	204.
	31. DATE APRIL 871990	32 REGISTRAR'S SIGN	nature - junder									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: TI
TO THE FUNERAL DIRECTOR: After this certificate
be filed within 72 hours after death with the State
IMPORTANT: If Item 28 is marked, or Item

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1, 2, 3 should	
	mit. Pages	
ician.	Il-transit per	
inding physi	as the buria	
spital or atte	ed for use	
d by the hos	d be detach	ed at once.
y be retained	age 5 shoul	-2
Раде 6 та	al director, p	ner must
after death.	by the funer- moval.	ical exam
iin 24 hours	ely filled in nation, or re	t, the med
executed with	ian and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit or to burial, cremation, or removal.	natic even
rtificate be e	ng physician glene prior to	other traun
the death ce	the attendii d Mental Hy	injury, or
law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	icate has been signed by the at State Dept. of Health and Ments	Item 23 shows any injury, or other traumatic event, the medical examiner must be notif
The law !	ate has be ate Dept.	ет 23 s
=	SS	=

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OINIE OI MINITE			OF DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AN MEAN	3. TIME OF DEATH
Calvin E	. Bragg				April 14	, 1990	u u
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 Y		7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
212-26-0100	1 🖾 M 2 🗆 F 63	YRS.	MONTHS DA	AYS HOURS MIN.	Nov. 7, 1	.926 Mã	Tyland
9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TO	WN OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH
624 Gayle Dr:	ive		Lint	hicum Heig	hts	Anne Ar	rundel
Maryland Anne	Arundel		inthi	ocation cum Height	S		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 624 Gayle D	rive			10f. ZIP CODE 21090			WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Narried 3 Widowed 4 Divorced	U.S. ARMED 2 NO ATES WW11	If ye	B DECENDENT OF HISPAI os, specify Cuben, Mexica YES 2 NO Specif	n, Puarto Rican, atc.)	Bla	CE — American Indien, ick, White, etc. ic//y: White	
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S U		PATION ng most of working	16b. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	ces Mgr.	Dun & B	radstree	et, Inc.
17. FATHER'S NAME (First, Middle, Last) Ernest C. Br	agg			18. MOTHER'S NA Miri	ame (First, Middle, Meldee am Wri	Sumame) ght	
190. INFORMANT'S NAME (Type/Frint) Catherine R. Brage	g		ADDRESS (S	treet and Number or Rural	Route Number, City or Tow	m, State, Zip Code)	
20m, METHOD OF DISPOSITION	208	PLACE OF DISPOSI	ITION (Name	of cemetery, crematory or	20c. LO	CATION — City or	Town, State
1 🗵 Buriet 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗀 Other (Specify)	Ba	other place) altimore	Natio	nal Cem. 4	-17-90 Ba	ltimore	Maryland
21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE			ME AND ADDRESS OF FA			
· Wallace -	S. Brook	L.Dr.	Ruc 105	k Towson F O York Roa	uneral Hom d, Towson,	Md. 21	204
23. PART I. Enter the diseases, or	complications that cause List only one cause on a		ot anter the	a moda of dying, aud	ch aa cardlac or reap	iratory arreat,	Approximata Interval Batween
IMMEDIATE CAUSE (Final	a. METAS DUE TO (OR AS A		C	ARCINON	LA OF	the Low	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	CONSEQUENCE OF): -	- Free	Court of	Jusi	
resulting in death) LAST	d						
PART II. Other significant condition	ns contributing to death be	out not resulting in	n the unde	rlying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		/		26. PLACE OF DEATH (C	heck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Impatient 2 ER/Out	patient 3 DOA	OTHER:	Home 5 Thesidence	8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJI	E OF 28	c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, s	treet, factory	, office	28f. LOCATION (Street City or Town, State	and Number or Run	ol Route Number,
Criscia oray	SICIAN: To the best of my know ER: On the bests of examination						e(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		2		29c. LICENSE NU	MBER 7.33	29d. DATE SIGN	ED (MO/Rh, Day, Year)
30. NAME AND ADDRESS OF PERSON WI Sami Brahim		131		son, Md. 21	204	1	4 /
31. DATE APRI 8 1990	102, REGISTRAR'S SIGN						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the nospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

22. RESISTRATE DE

APR 1 8 1990

	FOR 1 - STATE REGISTRAR		STATE OF N			RTMENT					GIEN	E			
	1. DECEDENT'S NAME (First	4.4	NZTH	Gi	CRO	CKE	77	-	:	2. DATE OF D	EATH DA	NY .	YEAR 90	3. TIME OF DEA	
	4. SOCIAL SECURITY NUMBER 220 01 96	BER	5. SEX 1 M 2 F	6. AGE (In yrs. le		IF UNDER 1	-/	IF UNDER	24 HRS. 7				6. BIRTI Count	HPLACE (State or Fi	oreign
OR	9e. FACILITY NAME (If not institution, give street and number) Harbor Hospital Center					96. CITY, TOWN OR LOCATION OF DEATH Baltimore City =====									
DIRECTOR	10a. STATE	ATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY LIMITS?			
	Maryland Baltimore County 100. STREET AND NUMBER				1	Baltimore 101. ZIP CODE						1 YES 2 1 NO			NO
BY FUNERAL	333 Clyde Avenue 11. MARITAL STATUS 1 Never Merried 2 Marifed 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARIFFORCES? 1 W YES 2 N IF YES, GIVE WAR OR DATES World War II				NO	21 227 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—ff yes, specify Cuban, Maxican, Puerto Rican, stc.) 1 □ YES 2 ▼ NO Specify: 1 □ YES 2 ▼ NO Specify:					E — American Indi k, White, atc.	len,			
COMPLETED		CEDENT'S EDUC by highest grade 0-12)	Coffege (1-4 or 5+) (Given life. I			work done duse retired.)	CUPATIO	ON st of worki	ing			euber		d.	
	17. FATHER'S NAME (First, N McKent	iddle, Last)	ckett						HER'S NAME	E (First, Middle		Surname)			
TO BE	190. INFORMANT'S NAME (Type/Print)				lyde				ute Number Ci				21 227	
	20e. METHOD OF DISPOSITION 1 Note: Burlet 2 Cremation 3 Removal from State other place of the p				place)	ill C						cation —		own, State Marylano	1
	21. SIGNATURE OF FUNERA		France	coweh	George J. Gonce Funeral Home P.A 4001 Ritchie Hwy. Baltimore. Md.							5			
CERTIFICATION	23. PART I. Enter the d	liseasea, of control liseasea,	a. DUE TO	it coused the c	EQUENCE	not enter t								Approxim Interval E Onset an	nate Setween
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulti					PER					PERFOR	FORMED? AVAILA COMPL OF DE		b. WERE AUTOPSY I AVAILABLE PRIOF COMPLETION OF OF DEATH?	CAUSE
SICIA	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER			DEATH (Chec	ck only one)	ecify)				
ВУ РНУ	27. MANNEP OF DEATH 1 Natural 5 2 Accident	Pending investigation	28s. DATE Of (Month, i		26b. Ti	ME OF JURY M	MC	FURY AT ORK? YES 2	□ NO	28d. DESCRIE	BE HOW	INJURY OC	CURED		
	a D autota	Could not be determined		OF INJURY — At , etc. (Specify)	home, farm.	street, facto	ry, offic			28f. LOCATIO City or To			r or Rural	Route Number,	
COMPLETED	(Check only		ICIAN: To the best of											(a) and manner as	atated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) CL CL G MD CHUNG C. NZ MD. DHOTE +/17/80)						
	30. NAME AND ADDRESS O	DE PERSON WE	IO COMPLETED CAL	ISE OF DEATH (I)	TEM 271 (76)	o Print)								/	

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EN	TOR:	after	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Merital hygiene phor to bunal, cremation, of removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Peter White.
31. DATE FILED (Month, Day, Year)
APR 1 8 1990

e. Jr. M.D.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MI CERTIFICATE OF DEATH	ENTAL HYGIENI REG. NO.	90	-10406					
	1. DECEDENT'S NAME (First, Middle, Last) LUCY M. CAMPBELL	2. DATE OF DEATH DA April 17.	1990	3. TIME OF DEATH 2:42 A M SIRTHPLACE (State or Foreign					
	217-20-4342 1 - M 2 XF 68 YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year) 5/21/21	N	ARYLAND					
5	RESIDENCE OF DECEDENT B. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 87. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH								
UINECION	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND MONKTON			10d. INSIDE CITY LIMITS? 1 XYES 2 NO					
UNEHAL	106. STREET AND NUMBER 17323 BIG FALLS ROAD 101. ZIP CODE 21111		109. CITIZEN	OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, 1 YES NO Specify:		Rican, atc.) Black, White, Specify:						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INOUSTRY								
		E (First, Middle, Maiden	Surname)						
200	LOUIS MYERS 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Roc	CA MYERS Oute Number, City or Town	n, State, Zip Coo	de)					
-	WILLIAM JOSEPH CAMPBELL 17323 BIG FALLS RO								
	20b. METHOD OF DISPOSITION 1 Xeurtat 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) ST. LUKES CEMETERY			or Town, State					
	22. NAME AND ADDRESS OF FACIL LEROY O. DY 4600 LIBERT	ETT & SC	N FUN	IERAL HOME					
	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, euch shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiogenic Shock OUE TO (OR AS A CONSEQUENCE OF):								
N O	Sequentially list conditions, Acute Anterior Wall Myocardial Inf	arction							
HILLCALION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST								
ן צֿי	d	Part I. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS					
1 1									
	PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in P	PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? , HOSPITAL: OTHER:	PERFOF 1 YES 2 ck only one)	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO	PERFOF 1 YES 2 ck only one)	Meds	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	PERFOF 1 YES 2 Ck only one) 5 Other (Specify)	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	PERFOR 1 YES 2 Ck only one) 5 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	NJURY OCCUR	AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					

9000 Franklin Sq. Dr.

Balto.

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o,	within
BOX 13146,	executed
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O. BC	certificate
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TECC CC	requires
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4	The
OF VIIAL RECORDS, P.O.	DEPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
DIVISION	ATTENDING
\leq	OB
	PITAL

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, Lest) RICHARDE . C	ROMWELL				2. DATE OF DEATH MONTH APRIL	DAY 1990	3. TIME OF DEATN	м			
		15€xM 2 □ F 77	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		BIRTNPLACE (State or Foreign Country) Maryland	7			
TOR								9c. COUNTY OF DEATH BALTIMORE CITY				
BEC	10e. STATE 10b. COUNTY	rford	dgewood				10d. INSIDE CITY LIMITS? 1 YES 2 PA NO	\exists				
FUNERAL DIRECTOR	100. STREET AND NUMBER 1815 John Drive				21040		10g. CITIZEN OF WHAT COUNTRY?					
UNE	11. MARITAL STATUS	U.S. ARMED 2 X NO		ENDENT OF NISPAN	IIC ORIGIN? (Specify n, Puerto Ricen, etc.)		RACE — American Indian, Bleck, White, atc.	\dashv				
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗌 YES	NO Specify	<i>:</i> :		specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondery (0-12) 12 years	CATION completed) College (1-4 or 5 +)	SUAL OCCUPATION TO PROJECT OF THE PR	IN st of working		Employe						
COM	17. FATNER'S NAME (First, Middle, Last) Elvin G. Cromwell		11000 200	<u>.</u>		ME (First, Middle, Melo	len Surname)	7				
TO BE	190. INFORMANT'S NAME (Type/Prim) Mrs. Margarette R.	Cromwell				Route Number, City or Vood, Mar		21040				
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Cardens of Faith 20c. LOCATION — City or Town, Baltimore, Ma.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lassahn Funeral Home 7401 Belair Rd. Balto. Md. 213							21236				
	23. PART I. Enter the disease, pr complicatione that ceused the deeth. Do not enter the mode of dying, euch as cerdiec or respiratory errest, intervel & Onset an disease or condition resulting in deeth) Due to (or as a consequence of)											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente reculting in death) LAST b. Due to (or as a consequence of): c. Due to (or as a consequence of):											
PHYSICIAN: MEDICAL C		PART II. Other significent conditions contributing to deeth but not resulting in the un Renal (NSufficiency)					AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDII ANALABLE PRIDR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATN (Ch				\exists			
PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		8 Other (Specify) 28d. DE\$CRIBE NO	W INJURY OCCUP	RED	\dashv			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, str			281. LOCATION (Str. City or Town, St		Rurel Route Number,	\Box			
COMPLETED	(Critick Orlly	ICIAN: To the best of my knowlers: On the basis of examination							d.			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Tan, m	·ð.		29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year))			
5	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUSE OF DE	ATN (ITEM 27) (Typo, F	erine) NS HOP	PILINS H	ispira, B	Altime	NGNED (Month, Day, Year)				
	31. DATE FILED (Month, Day, Year) APR 1 8 1990	32. BEGISTRAR'S SIGNA				,			П			

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR										NO.					
1. DECEDENT'S NAME (First, Middle, Las	_							2. DATE	OF DEAT	TH DAY		YEAR	3. TIME	OF DEATH	
Larry	D .			aught)				4		16	5	90	7:0		M
4. SOCIAL SECURITY NUMBER 2.4.1 - 9.6 - 5.3.8.2	5. SEX 1 □ M 2C 00 F	6. AGE (In yrs. les	YRS.	MONTHS 1		IF UNDER	MIN.	(Mont	OF BIRTI	ar)		Countr	y)	ate or Foreig	n
9s. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATION OF DEATH						24-		9c. COUR	NTY OF D			-
Fallston Gener	Fallston General Hospital					Fallston						Harford			
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN		10c. CITY, TOWN OR LOCATION									10d. INS	DE CITY			
NC NC		GREENSBORO										TS?			
10e. STREET AND NUMBER		<u>-</u>			101. 2	ZIP CODI	E				10g. CITI	ZEN OF V	VHAT COU		
5602 GUIDA DR	IVE				27	740	7					USA			
11. MARITAL STATUS 1 Never Married Wildowed 4 Divorced	FORCES?	IT EVER IN U.S. AR I YES 2000 I MAR OR DATES	2(T) NO If yes, specify Cuben, Maxican, Puarto Rican, atc.)							Black, White, etc.			can Indian, tc. $LACK$		
15. DECEDENT'S Et (Specify only highest gra		16a. DE	ECEDENT'S	USUAL OC	CUPATION	of working	na	161	b. KIND O	F BUSI	NESS/INC	USTRY			
Elementary/Secondary (0-12) NA	College (1-4 or 5	+)	RUCK.	work done di see retired.) ING	uring moor	O WOLAN	-9	S	SELF	' - El	MPL(OYEL)		
17. FATHER'S NAME (First, Middle, Last) SYLVESTER	DAUG					BL_{I}	HER'S NA ANCH	IE			Į		JAM	S	
19a. INFORMANT'S NAME (Type/Print) BETTY DA	UGHTRY			G ADDRESS								-	y 0	7107	
200. METHOD OF DISPOSITION	UGILLI	20h. PLACE	OF DISPO	SITION /Non	me of ceme	elery crer	natory or	•	20				wn, State	7407	
25 DD Burisi 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	other pi	SID	E CH	URCI	H	EME	ERY	7			15.		N.	C .
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. N	NAME AND	ADDRE	SS OF FA	CILITY							-
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CERTIFICATION

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if any, leading to immediate

cause. Enter UNDERLYING CAUSE (Disease or Injury

29b. SKINATURE AND TITLE OF CERTIFIER

8 1990

ANGWIE

31. DATE FILED (Month, Day, Year)

APR1

RESIDENT

TANJWATZO

32 REGISTRAR'S SIGNATURE

Grelia Saindson-Randell

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

the funeral

permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	E HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	s within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or ren	
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH RALPH DAVIS 220 1990 (RALPH DAVIS) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 [XM 2] F YRS. 8/7/26 213-20-1783 Balto MD 9e. FACILITY NAME (If not institution, give street and number) SHIP TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE, MARYLAND MARYLAND 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e. STATE 10b. COUNTY MARYLAND BALTIMORE CITY 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3811 ROKEBY ROAD 21229 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 🏋 YES 2 ☐ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. 2 NO 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Wildowed 4 Divorced BLACK 6/45 to 7/46 ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) SAVAGE DAVIS LILLIAN F. CRAIG 띪 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MAGGIE DAVIS ROKEBY ROAD BALTO., MD 21229 20e, METHOD OF DISPOSITION

1 SuBurial 2 Cremation 3 Re 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 1 Donation 5 Other (Specify) Garrison Forest Cemetery Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS **AVENUE** 23. PART I. Effet the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart lattere. List only one cause at each line. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition Rin acute

WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (Ch	eck only or	70)			
EXAMINER?	HOSPITAL: 1 Impatient 2 ER/Outpatient 3		OTHE 4 No	6 Othe	r (Specify)				
MANNER OF DEATH 1 ☑ Netural 5 ☐ Pending 2 ☐ Accident investigation	28a. DATE OF INJURY (North, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 2. 26 A.M 1 YES 2 □ NO					28d. DEȘCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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24a. WAS AN AUTOPSY

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tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) end manner as stated.

29c. LICENSE NUMBER

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DUE TO (OR AS A CONSEQUENCE OF): Cenyestare

DUE TO (OR AS A CONSEQUENCE OF):

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DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

Cutm are. Buto. NO 2/239

3. TIME OF DEATH

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355 PMH

BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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aitlin 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last dirthdey) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR DAYS HOURS MIN. 1 M 2 M F 190 md permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH __ Baltimor HOSP DIRECTOR University RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY asadena CO. 12 PASADENA md 1 YES 2 MO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 14 Granada rd. 1122 USA burial-transit Granac Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Olvorced white be detached for use as the ETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Specify only hig (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) COMPL once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Patricia notified at W Doolea John BE page 5 should 19a. INFORMANT'S NAME (Type/Print)
JOHN W. DOOLEY 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 14 Granada Rd., Pasadena, MD 21122 pe 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 20a METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State must Maryland Veteran Cemetery funeral director, Crownsville, Maryland 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY medical examiner George J. Gonce Funeral Home, P.A. onna 4001 Ritchie Howy, Baltimore MD the 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata <u>2</u> intarvai Batween shock, or heart fallure. List only one cause on each line. 0 Onset and Death IMMEDIATE CAUSE (Final cremation, the ongenital disease or condition 62 Heart completely resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): hysician and com prior to burial, c 62 DUE TO (OR AS A CONSEQUENCE DE) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL and AVAILABLE PRIDE TO COMPLETION OF CAUSE shows any been signed in 1 YES 2 NO OF DEATH? 1 TYES 2 TYNO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate by the State HOSPITAL:
1 Nipstient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, this (1 Natural 5 Pending м 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 92 6 Could not be DIRECTOR: / COMPLETED 4 Homicide 28 Item 29a. CERTIFIER

(Chank park)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, date and place, and due to the cause(a) and manner as stated. E FUNERAL 1 within 72 RTANT: If TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CHITIFIED 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE 190 Man nower 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) UnivofAd Deptof MD 32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) APRI 81990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

CAITLIN C. DOOLEY

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2. DATE OF DEATH

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	L DIRECTOR: After this certificate has been signed by the attending physician and completely man in by the funeral director, page 5 should be detached it	Pours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	
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TO BE CO!

29b. SIGNATURE AND TITLE OF CERTIFIER

	-22											9	0	04
	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND / Ce		RTMENT				MENTAI	REG. NO.				
П	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATN		ve in	3. TIME OF D	EATN
	Thomas Leroy Fifer							Apr	11 1	3, 1	990		N	
		. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTN		Country	PLACE (State o	
	214-01-0450	M 2 D F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	7-	29-19	911	Wood	ilawn	, Md
	9a. FACILITY NAME (If not Institution, give stree	t and number)			9b. CITY	, TOWN OF	R LOCATIO	ON OF DE	ATN		9c. COU	JNTY OF DI	ATN	
OH	2113 Sunbriar	Rd.			Wo	odla	awn	, I	Id.		Bal	to.	Co.	
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	RESIDENCE OF DECEDENT					ON						10d. INSIDE (TTV
DIRECTOR	Md. Balte	. Co.		W	Thor	STATE	M	4					LIMITS?	
	10e. STREET AND NUMBER	<i>.</i> 00,		1 44.7	JOUT	odlawn, Md.						1 TES 2		
FUNERAL	2113 Sunbria	Rd.				21207					U. S. A.			
2		WAS DECEDEN	EVER IN U.S. AR	IMED		WAS DECE	NDENT C	F NISPAN		? (Specify Yes		14. RACE	- American	indlen,
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 T	40		If yes, spe 1 🔲 YES				Ricen, etc.)			, White, etc.	
) BY	3 Widowed 4 Divorced											Wh:	te	
	15. DECEDENT'S EDUCAT (Specify only highest grade col	ION npleted)	16a. DE (G	CEDENT'S	work done	CCUPATION during mos	N it of workin	ng	16b	KIND OF BUS	SINESS/IN	DUSTRY		
LE LE	Elementary/Secondary (0-12) N/A	College (1-4 or 5 +)						- I - A	0 7	3 14		C1	2027
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		I R	et.	Gro	cer A. & P. Food Stores						es		
ŭ	James Fifer Florence M. Bright													
00	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street an				ber, City or Tow				
2	Mrs.Mary E. Fir	fer		2777	S 511	nhn	ian	Dd	Wo	odlav	m	Md.	2120	7
	20e. METHOD OF DISPOSITION 4 7 7 1 1 Burlel 2 Cremetion 3' Hemove		20b. PLACE									- City or To		
	4 Donation 5 Other (Specify)	il mom State	More		l Me	m. Pa	ark	Cen	nete	rv_Ra	1 + 11	more	Co.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			22.	NAME AN	D ADDRE	SS OF FA	CILITY					
- 1	C mnuman Sc	hwah		5151 Baltimore National Pike Baltimore, Md. 21229										
	G. Truman Schwab Baltimore, Md. 21229 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	shock, or heart failure. List iMMEDIATE CAUSE (Finel	t only ona ceu	se on each line	1.										Between
	disesse or condition	En	men.	1		0/4	Mh	tere	. 10	Muri	,		-	200
	resulting in death) s.	טו פטע	IGH AS A CONSE	QUENCE C	F):	100	7/04		pa	WW.			1	
z	C 6.								•					
2	Sequentially list conditions, if sny, laading to immediate	DUE TO	(OR AS A CONSE	OUENCE C	OF):									
CERTIFICATION	CAUSE (Diseese or Injury			V									<u> </u>	
	that initiated events resulting in dasth) LAST	DUE TO	(OR AS A CONSE	OUENCE C	OF):								İ	
Ë	d.													
- 1	PART II. Other significant conditions	contributing to	deeth but not	reculting	In the ur	nderlying	csuse	given in	Part i.	24a. WAS AN		24b.	WERE AUTOPS	
2	dehydrate	人								1 TYES 2			COMPLETION OF DEATN?	
ME	P Crohn 14	Luseas	L										1 TYES 2	O No
Ë														
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck anly or	ne)				
YSI	1 TYES 2 NO	☐ Inpatient 2 ☐	ER/Outpatient 3	-	4 🗆 Nur	rsing Home		esidence						
	27. MANNER OF DEATN 1 Natural 5 Pending	26e. DATE OF (Month, D		28b. TH	JURY	28c. INJU	RK?	The s	26d. DE	CRIBE HOW	INJURY O	CCURED		
8	2 Accident Investigation	28a PLACE O	F INJURY — At he	nme form	M street fee		ES 2 [RNO	284 1.00	ATION (De	and Nomb	as as Chimi's	loude Mirmha	
	3 Suicide 8 Could not be 4 Nomicide determined	building,	atc. (Specify)	orine, METTI,	etrest, rac	tory, office				ATION (Street or Town, State)		er or Hural F	ioute Number,	
APLETED	29a. CERTIFIER													
(Check only (Check only and)) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the									to the car	use(e) end ma	nner sa st	ated.		

10 BA

29d. DATE SIGNED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

3

29c. LICENSE NUMBER

THE THE PERSON AND A PERSON AND

DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit is be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR
1	STATE
	REGISTRAR

STATE OF MADYLAND / DEPARTMENT OF BEALTH AND MENTAL BYCIENE

•	1 - STATE REGISTRAR	SINIL OI I	CI		ICATE (DEATH	HILLI IAI	REG. NO				
	1. DECEDENT'S NAME (First , Middle, Last)								OF DEATH		YEAR	3. TIME	OF DEATH
Ĭ	GERALD W. GARDN	ER						C4	1 12		90	13	5:45 W
ŀ	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.			t birthday)	IF UNDER 1 Y	_	IF UNDER 24 HRS.	7. DATE	OF BIRTH				State or Foreign
	003-01-0623	1 🙀 M 2 🗌 F	74	YRS.	MONTHS D	AYS I	HOURS MIN.	5/1	5/15		Ver	mont	
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TO	OWN OR	LOCATION OF DE			9c. COL	JNTY OF D		50
5	St. Agnes Hospital				Ва	alti	more						
DINECTOR	RESIDENCE OF DECEDENT												
	10a. STATE 10b. COUNT				Y, TOWN OR L		N					10d. INS	BIDE CITY
	Maryland Baltimore			A	rbutus	3						1 🗌 YE	S 2 📉 NO
1	10e. STREET AND NUMBER					10f. Z	IP CODE	10g. CITIZEN			TIZEN OF V	WHAT COL	JNTRY?
LONGUAL	5519 Rockleigh D	rive					21227				U.S.	Α.	
5	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. AF	MED			IDENT OF HISPAN			or No-	14. RACE Black	E — Amer k, While,	ican Indian, atc.
	1 Naver Married XXMarried 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES				NO Specify		mount, atony		Spec	Hy:	
				4								W	hite
	15, DECEDENT'S EDU (Specify only highest grade		//3	ECEDENT'S live kind of a. Do NOT u	work done duri	UPATION ing most	of working	16b.	KIND OF BU	SINESS/IN	IDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5			Presie	ns.		W	estern	Aut	o Su	pp1y	Co.
COMPLEIED	12th grade		v	Tce.	rresid	_							
	17. FATHER'S NAME (First, Middle, Lest)						16. MOTHER'S NA			Sumame)			
	Lawrence Gardner						Grace	Ada					
2	19a. INFORMANT'S NAME (Type/Print)		19				Number or Rural I					27	
	Marion E. Gardne	r					h Drive	Ar			212		
- 1	1 St Burial 2 ☐ Cremation 3 ☐ Ram	noval from State	other pi	lace)			tery, cremetory or				- City or To		
	4 Donation 5 Other (Specify)	n ra	rk Cem			OH ITY	Бал	. Clmc	re,	mary	Tand		
21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc.													
	Meun /	mils			1		ilkens		-		e. M	D 2	1229
	23. PART i. Enter the diseases, or shock, or heart fallure.				not enter th	ne mode	e of dying, suc	h as card	diac or resp	iratory a	rrest,		pproximate terval Between
	IMMEDIATE CAUSE (Final	Ciat Only One Ca	USE OII EACH IIII										nset end Death
	disease or condition resulting in death)	1	TRI	ROA	IT CA						Zyeas		
	OUE TO (OR AS A CONSEQUENCE OF):												
2		b											
2	Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSE	QUENCE (OF):							-	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										_	
	that initiated events resulting in death) LAST	OUE TO	O (OR AS A CONSE	QUENCE (OF):								
5	Teaditing in death) CAST	d										_	
	PART II. Other algnificant conditio	na contributing t	o death but not	resulting	In the unde	eriying	cause given in	Part I.	24a. WAS A		7 248		UTOPSY FINDINGS
EDICAL	DIABETES ME	LLITUS	, cardio	AC 4	wrhyt	hu	2.5		PERFO			COMPLE	LE PRIOR TO ETION DF CAUSE
3								_	1 1 123	. Of no		DF OEA	TH? ES 2 NO
Ξ.								_					3 1 110
PHISICIAN: M	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF OEATH (Ch	neck only or	ne)				
2	EXAMINER?	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHER:		5 - Residence						
	27. MANNER OF DEATH	26s. DATE C		28b. Ti	ME OF 28	Sc. INJU			SCRIBE HOW	INJURY O	CCURED		
_	1 Naturel 5 Pending	(Month,	Day, Year)	41	IJURY M	WOR	K? S 2 NO						
2 Accident Investigation 28e, PLACE OF INJURY — At home, farm, street, factory, office 28f, LOCATION (Street and Number or Bural Route Number.									nber,				
3	4 Homicide determined	building	g, etc. (Specify)					City	or Town, State)			
9	29a. CERTIFIER								~				
2	(Check only CEHTIFTING PHY:											a) and m	nance on whete d
COMPLEIED	2 MEDICAL EXAMIN		examination and/or	investigat	ion, in my opir	mon, de	eth occured at the	time, dan	and place, a				
D L	29b. SIGNATURE AND TITLE OF CERTIFIE		M.D				29c. LICENSE NUI	MBER		29d. D/	ATE SIGNE		
2	Ralph Jath										7/1	7/	10
	30. NAME AND-ABORESS OF PERSON W		USE OF DEATH (ITI	EM 27) (Typ	oe, Print)		we B	. Inh .		217	70		
		LHALEL		90	Care 1	7 6	AVE D	TITION	were	-14			
	31. DATE FILEO (Month, Day, Year)	32. REGISTS	PAR'S SIGNATURE										

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	SIAIE UF MAI		ERTIF	ICAT	E OF	DEAT	ГН		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	MONTH DAY VE								VEAD	3. TIME OF DEATH		
JIMMY	D.	G	GIGGE'	TTS				4	15	NY	50	5:45 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	st birthday)	IF UNDE	DAYS	HOURS	24 HRS. MIN.	7. DATE	of BIRTH 1, Day, Year) 15/51		Country	PLACE (State or Foreign
227-76-3408 9a. FACILITY NAME (If not institution, give st					V TOWN O	B LOCATI	ON OF DE		13/31	Virginia		
		Et Mari										
Kimbrough Army								Anne	Arı	undel		
10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY			
Maryland	Baltimore							TX YES 2 NO				
100. STREET AND NUMBER Unknown	101. ZIP CODE								S.A	HAT COUNTRY?		
11. MARITAL STATUS Unknown	12. WAS DECEDENT E	VER IN U.S. AR	RMED	13	. WAS DEC	ENDENT O	OF HISPAN	IIC ORIGIN	17 (Specify Yea			- American Indian,
1 Never Merried 2 Married	FORCES? 1 X	YES 2 1		"		city Cuba	ın, Maxica	n, Puerto I	Rican, etc.)		Black. Specif	, White, etc.
3 Widowed 4 Divorced	Vietnam	1				- 42						Black
15. DECEDENT'S EDUC (Specify only highest grade		(G	ECEDENT'S Give kind of a b. Do NOT us	work done	during mos		ng	16b	. KIND OF BUS	SINESS/INDU	STRY	
Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)		rkli		*	tor			Wareh	01156		
17. FATHER'S NAME (First, Middle, Last)		1 20	, 11111		pera		HER'S NA	ME (First, I	Middle, Malden			
Unknown							Bert	ha G	iggett	S		
19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRE	SS (Street a	nd Numbe	r or Rural I	Route Numi	ber, City or Town	n, State, Zip C	code)	
Crawley Funeral	Home	3	3810	Meac	lowbr	idge	Rd.	Ri	chmond			
20a. METHOD OF DISPOSITION 1 TO Buriet 2 Cremetion 3 Remo	_ other pl	her place)						CATION — C				
4 Donation 5 Other (Specify) Evergreen Cemetery Richmond, Virginia									irginia			
21. SIGNATURE OF JUNEAU SERVINGE UCENSEE 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, MD 21229												
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate											• 1) 21229
												Approximete
23. PART I. Enter the diseases, or o shock, or heert fellure.												
shock, or heert fellure. IMMEDIATE CAUSE (Final		on each line	е.	not ente	er the mo	de of dy	ing, suc	h es cerd	fiec or reepi	iratory erre	st,	Approximete interval Between Onset and Death
shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition	ACUIE CORON	on each line	e. ERY TH	not ente	er the mo	de of dy	ing, suc	h es cerd	fiec or reepi	iratory erre	st,	Approximete interval Between Onset and Death
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shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	ACUIE CORON DUE TO (OF	on each line	ERY TH	ROMBC	er the mo	de of dy	ing, suc	h es cerd	fiec or reepi	iratory erre	st,	Approximete interval Between Onset and Death
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shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	ACUTE CORON DUE TO (OF	ARY ARIF	e. RY TH EQUENCE O	ROMBC	er the mo	de of dy	ing, suc	h es cerd	fiec or reepi	iratory erre	st,	Approximete interval Between Onset and Death
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shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 XNeturel 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (OF DUE TO (Month, Dey, Duliding, etc.)	on each line ARY ARIE R AS A CONSE R AS A CO	e. COUENCE O COUENCE O Teculting 3 X DOA 28b. Tin IN.	OTHI 4 OF JURY M atreat, fit	28. PI ER: uraing Hom 28c. INJ 1 1 1 1 sectory, office	ACE OF E BY STATE OF	GATIN GEATH (CATIN) DEATH (CATIN)	Part 1. Part 1. 5 Other 28d. DE 28f. LOC	24a. WAS AN PERFORM YES 2 ATION (Street or Town, State) CATION (Street or Town, State)	AUTOPSY IMAUTOPS	24b. 24b. Aural F d. cause(a	Approximete interval Between Onset and Death Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1\text{YES} 2 \square NO
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32. REGISTRAR'S SIGNATURE

urs after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 8 1990

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	F VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	WPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	IRENE H. G	OLD			2. DATE OF DEATH BAPTIL 1	ay year 4 1990					
	4. SOCIAL SECURITY NUMBER 218 14 0134	1 🗆 M 2 🔀 F	ln yrs. last birthday) 84 YRS.	7. DATE OF BIRTH (Month, Day, Year) October 7	1905 M	THPLACE (State or Foreign untry) IARYLAND						
TOR	9a. FACILITY NAME (If not institution, give to Hebrew Home of Gi	9a. FACILITY NAME (If not institution, give street and number) Hebrew Home of Greater Washington **Rockv** *						gomery				
DIRECTOR		ontgomery	10c. CF	ry, town on Loca Rock	ville			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	6121 Montrose Roa	se Road			1. ZIP CODE 2085	52		ed States				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 VNO	If yes, s	CENDENT OF HISP pecify Cuban, Max 3 2 NO Spe	ANIC ORIGIN? (Specify Yellon, Puarto Rican, atc.)	В	ACE — American Indian, lack, White, atc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Administrative Assistant Federal Government											
BE CO	17. FATHER'S NAME (First, Middle, Last) Isaac Goldstein 18. MOTHER'S NAME (First, Middle, Meiden Surname) Katie Mozelevsky											
10	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15101 Interlachen Drive, Silver Spring, Maryland 20b. PLACE OF DISPOSITION (Name of cometer), Crematory or 20c. LOCATION — City or Town, State											
	20a. METHOD OF DISPOSITION 1-Disposition Martin Donation Disposition	D	other place IST	ael Cong	regation	n Cemetery		ore, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LI	m. Dec	w					FUNERAL HOME				
	23. PART I. Enter the dieeases, pr shock, pr heert fellure. IMMEDIATE CAUSE (Finel dieeese pr condition resulting in deeth)	e. ACUTE R	ESPIRAT	ropy	FAILUR	E		Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST CHRONIC OBSTRUCTIVE PULMONARY DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
AL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART III. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part II. PART III. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part II. PART III. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part II. PART III. Other algnificant conditions ceuse given in Part II. PART III. Other algnificant conditions ceuse given in Part II. PART III. Other algnificant conditions ceuse given in Part II. PART III. Other algnificant conditions ceuse given in Part II. PART III. Other algnificant ceuse given in Part II. PART III. Other algnificant ceuse given in Part I							24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	LACE OF DEATH	Check only one)						
BY PHYSICIAM: MEDIC	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	y) HOW INJURY OCCURED					
	2 Accident Investigation 3 Suicide 8 Could not be determined	street, factory, off										
COMPLETED	anal	SICIAN: To the best of my know ER: On the basis of examination						se(a) and menner as stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE P. Talway MY) .			29c. LICENSE N	5552	> 4/15	MED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WITH PANKAT TALLUTE 31. DATE FILED (Month, Day, Year)	HO COMPLETED CAUSE OF DE HO. GI. 32. REGISTRAR'S SIGN	21 Mon	o, Print) STROSE	ROAD	ROCKU	ILLE 1	40. 208Sz				
	APR1 8 1990	Letia Levidon A		1								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its four state death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFIC	ATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Leat). Mary J. Grei Ser	pra.				2. DATE OF D	DEATH DAY	90	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 M F	6. AGE (In yrs. Ia	YRS.	F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		t 3.192	2 Ma	ryland	
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) Francis Scott Key Medical RESIDENCE OF DECEMENT	Center	9		r LOCATION OF DE Ore City	ATH	9c. C	DUNTY OF	DEATH	
	10a. STATE 10b. COUNTY			OWN OR LOCAT					10d. INSIDE CITY LIMITS?	
									1 YES 2 NO	
BY PUNEHAL	4730 Elison Ave. 11. MARITAL STATUS 12. WAS DECEOEN	RMFD	13 WAS DEC	21206 ENDENT OF HISPAN	IIC ORIGIN? (Se	secify Yea or No-	U.S.A.			
		YES 2 X	2 NO If yes, specify Cuban, Maxica			Puerto Rican atc.) Black			chy: White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	S	ECEDENT'S US Give kind of wor le. Do NOT use i	UAL OCCUPATION done during mo-	N st of working	16b. KIN	D OF BUSINESS	INDUSTRY		
COMPLETED	Elemantary/Secondary (0-12) College (1-4 or 5		Book Bi	nder		M	oore &	Co.		
	17. FATHER'S NAME (First, Middle, Last) John Smith				Alice	ME (First, Middle	e, Maiden Surnam Waq			
0 2	19a. INFORMANT'S NAME (Type/Print)	1	9b. MAILING AI	ODRESS (Street a	nd Number or Rural F	Route Number, C				
۱ ۲	Mr. Joseph Greiser				Ave. B	altimo				
	20e, METHOD OF OISPOSITION 1 Burial 2 Cremation 3 Removal from State	other t	place)		netery, crematory or	/00	20c. LOCATION			
	Baltimore National 4/18/90 Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, Maryla									
11124	Paul L. Hartorck & Leonard J. Ruck, Inc. 5305 Harfor									
23. PART I. Enter the diseases, or complications the ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory erreat, Ap										
ehock, or heert fellure. List only one sauce on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) OUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) a. oue to	(OR AS A CONS	EOUENCE OF):	acric	e					
W and aliman										
A L	if any, leading to immediate cause. Enter UNDERLYING	(OR AS A CONS	EOUENCE OF):							
CEHILICATION	flief luiflefed exelits	(OR AS A CONS	EOUENCE OF):							
	resulting in death) LAST									
PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY ANALIZED ON THE PROPERTY OF THE PROPE									b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						_ 10	YES 2 NO		OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2									
H.	27. MANNER OF DEATH 28s. DATE OI		28b. TIME	OF 28c. INJ			BE HOW INJURY	OCCUREO		
À A	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			10 00		
ED	3 Suicide 8 Could not be 4 Homicide detarmined 26a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 26b. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State) 26f. LOCATION (Street and Number or Rural Route I City or Town, State)								Houte Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of the basis of								(a) and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	4 . 1			29c. LICENSE NUI	MBER	29d.	DATE SIGNE	(Month, Day, Year)	
0	see geothetty,	MO			D33:	550	<u> </u>	9/1	14 170	
	30. NAME AND ADDRESS OF PERSON/WHO COMPLETED GAL FRANCIS 3 COTT KEY	MEDI	CAL (ELNT	ER - 6	BAIL	Geor	FE	LTY MED	
	FRANCIS JOST KEY MEDICAL CENTER - GAIL GLOTFELTY, MIL 31. DATE FILED ROY, DE 1990 GUEL DEVIAGON-MANAGE									

St. A. A. St. E. St.

Pages 1, 2, 3 should

permit.

ached for use as the burial-transit

hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any cours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det be filed within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.	associated: is team 20 to modest or from 22 chains one interest trainmatte event the medical examinar must be notified at on
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31. DATE FILED (Month, Day, Year)

MPR

DN WHO COMPLETED CAUSE OF DEATH

Jr, M.D.

32. REGISTRAR'S SIGNATURE

The Davidson

- Assistant

Randell

Golle,

8 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4 90 Walter 4:10 P Hammons -A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 - F 6-07-0297 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7321 Cerroll Avenue Takoma Park Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY STATE 10d. INSIDE CITY 1 YES 2 NO a FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? INF. ZIP CODE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OCCENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black. White, etc. If yes, specify Cubs Never Married 2 Marrie Specify BY 3 Widowed 4 Divorced ETED 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OFCEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 7. FATHER'S NAME First. Middle 18. NOTHER'S NAME (First, Middle, Maldell' 0 BE INFORMANT'S NAME (Type/Pyffit) 19h MAII ING ADDRESS (St 2 20a. METHOO OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Ne 20c. LOCATION — City Town, State 2/202 Emerter Greenmountauer diver St. aroun Mount 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENS. E 22. NAME AND ADDRESS OF FACILITY 1712 W. North ave ruin(23. PART I. Enter the caseases, or complications that caused the des shock, or heart fellure. List only one cause on each line. that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, Approximata interval Between Onset end Deeth **IMMEDIATE CAUSE (Finel** disease or condition_ Arteriosclerotic cardiovascular disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO 1 YES 2 NO PARTIAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatie OTHER: nt 3 🗆 DOA ng Home 5X Residence 6 - Other (Specify) 4 🗌 Nurs 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 ND BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of axe ation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	FOR STATE OF MARYLAND / DEPA STATE REGISTRAR CERTI	ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) HARRISON, TAVON		2. DATE OF DEATH	9 9 O	3. TIME OF DEATH 15:24 M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthde) 12 M 2 - F 4. SOCIAL SECURITY NUMBER 7. SEX 7. SEX 8. AGE (in yrs. lest birthde) 7. YRS.	MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-27-8	33 6. BIRTH	IPLACE (State or Foreign Y) MO					
OR	Se. FACILITY NAME (If not institution, give street and number) University of Maryland	96. CITY, TOWN OR LOCATION OF Baltimpre	beath Mad	Br. Home						
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. C	CITY, TOWN OR LOCATION	12		10d. INSIDE CITY LIMITS?					
- 1	10e STREET AND NUMBER	OHITIMOYE 101, ZIP COOE	aly	10g. CITIZEN OF	1 YES 2 NO					
FUNERAL	813 EXETER HALL AVE.	21218	3	USF	7					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi 1 YES 2 NO Spe	can, Puarto Rican, etc.)	or No— 14. RACI Blac Spec	E — American Indian, k, Whita, atc. thy: Black					
COMPLETED	(Specify only highest grade completed) (Give kind	T'S USUAL OCCUPATION of work done during most of working T use retired.)	16b. KIND OF BUS	INESS/INDUSTRY						
OMP	17, EATHER'S NAME (First, Middle, Lage)	111. LOTHER'S	NAME (First, Middle, Maldem	gname)						
BE	DONALD HOUVISON SR.	ING ADDRESS (Street and Number or Run	A Route Number Sity or Town	, State, Zip Code)						
임	ANGELA KOSS 813	EXETER HALL	AVE, IBAL	40. MO	2/2/8					
	20a, PETHOD OF DISPOSITION 1	POSITION (Name of company, cromatory)	ry Am	TE Arun	tel Co mo					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF WAIT, C. M.	Jorth Qu	Isal I	40m6 21202					
	23. PART . Enter the disasses, or complications that caused the death. D shock, or heert feliure. Liet only one cause on each line.	o not enter the mode of dying, s	uch as cardiac or reapi	ratory arrest,	Approximats Interval Between					
	IMMEDIATE CAUSE (Fine) disease or condition reculting in deeth) Onset and Deat Condic pulmonery Away Due to (or As A consequence of):									
_	DUE TO (OR AS A CONSEQUENCE OF):									
ATIO	Sequentially liet conditione, if any, leeding to immediate ceuse. Enter UNDERLVING	E OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE	E OF):								
	resulting in deeth) LAST									
CAL	PART II. Other significant conditions contributing to death but not resulting	ng in the underlying ceuse given	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
PHYSICIAN: MEDI	Mexic Brain Danage.		1 YES 2	l no	OF DEATH?					
AN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH	Check only one)							
SICI	EXAMINER? HOSPITAL:									
PH	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 29b.	TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCURED						
D BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, far building, etc. (Specify)		26f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,					
ETE	4 Homicide detarmined									
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurrence 2 MEDICAL EXAMINER: On the basic of examination and/or investig				a) and manner as stated.					
8	296. SIGNSTURE AND TITLE OF STATIFIER Dure	cten Ex 29c. LICENSE !	IUMBER	29d. DATE SIGNE	0 (Month, Day, Year)					
10		Univ. of Md.	ER	-						
	31. DATE FILED (MODIL) DON 1001 1990 32. REGISTRAR'S SIGNATURE ROME 31. DATE FILED (MODIL) DON 1001 1990 32. REGISTRAR'S SIGNATURE FILED MODIL DON 1001 1990 32. REGISTRAR'S SIGNATURE FILED									

v X Name

	FOR STATE REGISTRAR	TATE OF MARYLA			OF HEALTH AND I	MENTAL HYGIENI REG. NO.	E	
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
	MATTIE		HILL				, 1990	8:00 p M
	The Part of the Country Countr		In yrs. lest birthday)	MONTHS 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month), Qay, Year)	8. BIRT	HPLACE (State or Foreign
		_ M 3,53cf 83	YRS.	months !	ATS THOUSE WITH	9-17-06		(n) C .
~	9a. FACILITY NAME (If not institution, give street a	and number)		9b. CITY, T	OWN OR LOCATION OF DE	EATH	9c. COUNTY OF E	DEATH
DIRECTOR	THE JOHNS HOPKINS	S HOSPITAL		BAL	TIMORE		BALTIMO	RE CITY
S S	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION		-	10d. INSIDE CITY
5	MD		BA	LTIM	ORE CITY			1 YES 2 NO
¥	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF	
FUNERAL	1300 LANVALE ST				21202		US	
BY FUI	1 Never Merried 2 Merried	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 MNO	16 3	S DECENDENT OF HISPAR res, specify Cuban, Mexica YES 201100 Specify	n, Puerto Rican, etc.)		E — Americen Indien, k, White, atc.
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON .	16a. DECEDENT'S	USUAL OCC	UPATION	16b. KIND OF BUS	INESS/INDUSTRY	
ᇤ		ollege (1-4 or 5+)			ring most of working			
P P	10th Grade		Jewelr	y St	ore Worke	r		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				1000	ME (First, Middle, Maiden		_
BE		ber			Carrie			Trapp
2	19a. INFORMANT'S NAME (Type/Print)	a. 1			Street and Number or Rural ton $St.$ A	111 5-5 125		21201
	Mattie	Suber			of cometery, crematory or		CATION — City or T	
1	1 Burial 2 Cremation 3 Removal	from State	other place)		CEMETERY		LTIMORE	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE	DADIII		AME AND ADDRESS OF FA		31 2110 112	3
	> Gladus	war	La	WM	. C. MARC	H F.H. 1:	101 E.	NORTH AVE.
	23. PART i. Enter the diseases, or comp shock, or heart feliure. List			not entar t	he mode of dying, suc	h aa cardiac or reapi	ratory arreat,	Approximate interval Batween
	IMMEDIATE CAUSE (Final	✓		_				Onset and Death
	immediate Cause (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate out of the course of the c							
z	- Drings treet sersis							
CERTIFICATION	Sequantially list conditions, If any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):							
CA	cause. Enter UNDERLYING CAUSE (Disease or injury		CONSEQUENCE O					
1	that initiated eventa resulting in dasth) LAST	DOE TO (OR AS A	CONSECUENCE	r):				
CE	d							
ÄL	PART il. Other significant conditions co	ontributing to death b	out not resulting	in the und	erlying cause given in	Part i. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
PHYSICIAN: MEDICAL						1 🖂 YES 2	MO	OMPLETION OF CAUSE OF DEATH?
ME								1 TYES 2 HO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C/	heck only one)		
SCI	EXAMINER?	OSPITAL:	nationt 3 DOA	OTHER:				
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIN	E OF	8c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY	WORK? 1 YES 2 NO			
	2 Accident investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY building, stc. (Spec	— At home, farm,	street, factor	y, office	281. LOCATION (Street a City or Town, State)		Route Number,
13	4 Homicide determined							
COMPLETED	29a. CERTIFIER (Check only	Y: To the best of my know	rledge, death occurr	red at the tim	ne, date and place, and du	e to the cause(a) and mar	nner as stated.	
NO	one) 2 MEDICAL EXAMINER: O	n the beals of examination	n and/or investigation	on, in my op	Inion, death occured at the	time, date and place, an	d due to the cause	(s) and menner ee stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	4	MY	,	29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)
0 1	11-1	1)	リリン				7/1	1/90
-	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	C- (L	+RH.		
	31. DATE FILEN Month, Doy Rod LIVI	32 BEGISTHAR'S SIGN	ATURE AND A	2011	fe Stree	יין ואלו היי		
	HI I/T 0 1000 0	Quent provides	No Amel Procession					

CALLAND I

3. TIME OF DEATH

4:30

1990

FOR

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ć	- understan on attrainming purceitan. The law requires that the death certificate he executed within
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Atta
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A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 2-26-31 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS Tennessee 1-XM 2 - F 216-28-9179 YRS permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore County RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION Middle River Baltimore Maryland 1 YES 2 1 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Leftwing Drive 21220 detached for use as the burial-transit USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? TXX YES 2 NO 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES
KOTEAN 1 TYES 2 TO NO Specify. Specify: BY XIX Widowed 4 ☐ Divorced White COMPLETED 16a, DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY during most of working (Specify only highe (Give kind of work done life. Do NOT use retired.) 10th grade entary/Secondary (0-12) College (1-4 or 5+) Ret. Truck Driver Genstar once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Paul Henson Hill Ethel Eilene the attending physician and completely filled in by the funeral director, page 5 should be Mental Hygiene prior to burial, cremation, or removal. 7 notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 1109 Montreal Drive Aberdeen Maryland Mr. Paul Hill 21001 pe 20s. METHOD OF DISPOSITION

KOX Burlel 2 Cremation 3 Removal from State

4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c LOCATION - City or Town State must Holly Hill Cemetery Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY
Lassann Funeral Home examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Jasochen Funeral Inc. Home, 7401 Belair Rd. Balto., Md. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Severe Endstage Steroid Dependent Chronic Obstructive event, DUE TO (OR AS A CONSEQUENCE OF): Pulmonary Disease Gram Positive Septicemia traumatic CERTIFICATION Sequantially list conditione, if any, leading to immediate cause. Enter UNDERLYING Steroid Myopathy CAUSE (Diseese or Injury item 23 shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST Chronic Pain Syndrome PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL een signed by the PERFORMED? AMILABLE PRIOR TO Encephalopathy secondary to septicemia COMPLETION DE CAUSE 1 TES 2XXNO OF DEATH? 1 TYES 2 TNO рееп PHYSICIAN: has bee 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate ha EXAMINER? HOSPITAL: OTHER: 1 TES 2XXHO lent 2 DER/Outpetient 3 DOA ng Home 5 Residence 8 Other (Specify 10 27. MANNER OF DEATH 28c. INJURY AT WORK? 28e. DATE OF INJURY 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED this co marked, 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO В After t 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is 8 Could not be COMPLETED DIRECTOR:) 4 Homicide Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated. FUNERAL (MPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(a) and m 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, 29c. LICENSE NUMBER BE 표 223 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Maria- Teresa David 9000 Franklin Square Drive 32. FEGISTRAPIA SIGNATURE RENDER APRI 81990 DHMH-18 Ray 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

HILL

Pau1

2. DATE OF DEATH MONTH

April

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TOF HEALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) Nelli	ie B. In	gham		2. DATE OF DEATH MONTH April	MY YE 12:199	0 M			
	4. SOCIAL SECURITY NUMBER 213 74 2039	1□M2KF 91	YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 1-17-18	99	Carroll, Co.			
LOB	9a. FACILITY NAME (If not institution, give a Bon Scours H RESIDENCE OF DECEDENT	· ·		ty, town or location of the last of the la	DEATH	9c. COUNTY	OF DEATH			
DIRECTOR	10a. STATE 10b. COUNT	Y		or Location Md.		10d. INSIDE CITY LIMITS? 1				
FUNERAL	10e. STREET AND NUMBER 832. Stamford	Rd.		101. ZIP CODE 21229			OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, OIVE WAR OR I	2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 JNO Speci						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire Recepti	ne during most of working f.)	100000000000000000000000000000000000000	Sales	RY			
BE COM	17. FATHER'S NAME (First, Middle, Last) Edward Bel	1		18. MOTHER'S N	AME (First, Middle, Maide Gambri 11					
10	Jane E. Ingh	am		amford Rd						
	20g. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from Stata	other place) Loudo	(Name of cemetery, crematory or n Park		ocation — city				
	21. SIGNATURE OF FUNERAL SERVICE LI G. Truman	Schwab.		2. NAME AND ADDRESS OF I	Schwab.	Balto.	Md. 21229 Pike			
CERTIFICATION	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Approximate Interval Between Onset end Death Onset end Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to deeth	but not resulting in the	underlying ceuse given		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		28, PLACE OF DEATH (I IER: Nursing Home 5 - Rasidence						
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED			
	3 Suicide a Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Sp	RY — A1 home, ferm, street, ec/ly)	factory, office	281. LOCATION (Stree City or Town, State		Rural Route Number,			
COMPLETED	(Crieck only		ne time, data and placa, and d ny opinion, death occured at 1			suse(a) and menner as stated.				
TO BE	296. SIGNATURE AND TITLE OF CENTIFIE	1000		29c LICENSE N	9 76 9	29d. DATE	13 (90			
-	OR MARCELI	NO D ALBUE	RNE 5	6 N ROLL	INGRD	BA	TO. MD 2122			
	APR 18 1990	32, REGISTRAR'S SIC	enature madell							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be elecuted within 24 hours after death. Page 6 may be retained by the historian or attending physician and completely filled in by the funeral director, page 5 should be deached for use as the burishbarrant be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burish, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bloss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF N	MARYLAND / DI CER				DEAT			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. OATE OF MONTH	DEATH	,	YEAR	. TIME OF DEATH
- 4	ALBERT THOMAS JOH	NSON							APRI	L 17	19	990"	12:55 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bir	thday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF ((Month, De	BIRTH IV. Year)		6. BIRTHPL Country)	ACE (State or Foreign
	217-22-6361	1 M 2 F	61	YRS.	MONTHS	UATS	HOURS	mirt.	11-20	0-28		MARYI	AND
~	9a. FACILITY NAME (If not institution, give :	treet and number)					R LOCATIO		ATH		9c. COU	NTY OF DEA	тн
0	VA MEDICAL CENTER				FOR	RT HO	DWARD)			BALI	IMORE	
DIRECTOR	10a. STATE 10b. COUNT	Υ	10	Oc. CIT	Y, TOWN	OR LOCAT	ION					1	Od. INSIDE CITY
듬	MARYLAND		В	BALI	TIMOF	RE						1	LIMITS? X YES 2 NO
AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTR									AT COUNTRY?			
EH	319 S. CALHOUN ST	REET				2:	L223				U.S	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		D		If yea, ap-		n, Maxica	IIC ORIGIN? (S n, Puarto Rica /:		or No—	Specify:	- American Indian, White, atc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEE	DENT'S	USUAL O	CCUPATIO	ON at of workin	na .	16b. KII	ND OF BUS	INESS/INI		WILLE
COMPLETED	Elementary/Secondary (0-12) 9th Grade	College (1-4 or 5	r)		eur	ourng mo	st of working	9		Truck	ine		
MO	17. FATHER'S NAME (First, Middle, Last)						18. MQTH	IER'S NA	ME (First, Midd				
Ö	ANDREW JOHNSON								INRIEC				
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING	ADDRES	S (Street a			Route Number,		, State, Zij	p Code)	
2	William H. Johns	on	14	08	Rams	say S	Stree	t 1	Baltim	ore,	MD	21223	3
	20s. METHOD OF DISPOSITION 1X Surial 2 Cremation 3 Ram	toval from State	20b. PLACE OF other piece)									City or Town	,
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	OFNOCE	Baltim	ore			al Ce			Balt	imoı	re, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LI	SENSEE /	//		Hi	ibba:	rd Fu	inera	al Hom	e, Ir	ic.		
	28. PART I. Enter the diseases, or		4									e, MD	21229
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) CARCINOMA OF THROAT DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other aignificant condition	ns contributing to	death but not resu	uiting	in the u	nderiyin	g cause (given in	Part I. 24	a. WAS AN	AUTOPSY		VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	ALCOHOLIC LIVER DISEASE AM CO OF							MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)				
YSI	1 TES 2 NO	1 X Inpatient 2	ER/Outpatient 3		4 🗆 Nu	reing Hon		sidence	8 Other (S				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF (Month, E		8b. TIN	JURY M	W.C	URY AT PAK? YES 2] NO	28d. DESCR	IBE HOW I	JURY OC	CCURED	
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								ute Number,				
3 Suicide 4 Homicide determined building, etc. (Specify) 29a. CERTIFIER (Check only orie) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause (a) and manner as stated.								and manner as stated.					
BE	296. SIGNATURE AND TITLE OF CERTIFIE 1296. SIGNATURE AND	und	1				29c, LIC	ENSE NU	MBER		29d, DA	TE SIGNED (Wonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WINEEL KAMAL, MD		SE OF DEATH (ITEM 2 L CENTER,			IOWAI	RD, M	ARYI	AND 2	21052		1/1	
	31. DATE FILED (Morith, Day, Year) APR 1 9 1990 Aug.		AR'S SIGNATURE										

8. BIRTHPLACE (State or Foreig

YEAR

9

2. DATA OF GEATH- 90

16

24

7 DATE OF BIRTH

SIMBO DEMM

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FOR STATE REGISTRAR

A. SOCIAL SECURITY NUMBER

1. DECEDENT MINE OF END Warp

Mildred

5. SEX

1 -

3146,	Act of Sales
BOX 1	The state of the state of
P. O.	***
OF VITAL RECORDS, P.O. BOX 13146,	Control of the second of the s
F VITAL	
DIVISION O	And the second second second second
2	

1 M 2 F 73 YRS. 7-25-16 213-70-2768 Maryland the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, 3 shouts 9a. FACILITY NAME (If not institution, give street end number) 96 CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR City Church Hospital Corpogation Baltimore RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE Raltimore MD Rosedale 1 - YES 2- NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7227 Hilltop Avenue 21237 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2 30 If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 185 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 8 years the funeral director, page 5 should be detached Housewife Homemaking 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Robertson Unknown BE notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Julius L. Karp 7227 Hilltop Avenue Balto. Md. 20s. METHOD OF DISPOSITION
17 Buriel 2 Cremation 3 Removal from State 96 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town. State must Zion Church Cemetery Donation 5 Other (Specify) Baltimore. Maryland 21 SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Idgu & Bearthy II 7401 Bolair Rd Balto., Md. 21236 after medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximats ahock, or hasrt failure. List only one cause on each line. Interval Between IMMEDIATE CALISE (Final Onset and Death completely filled the diseass or condition DUE TO (OR AS A CONSEQUENCE OF A THE TOSCIE TO LIC Cardiomyopathy reaulting in death) traumatic event. Cardiovascular Disease Hygiene prior to burial. CERTIFICATION heroscless and Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) attending physician is beter Mellita, Diabetes Mellitu CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF). that initiated events reaulting in death) LAST the atter PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY MEDICAL een signed by the PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item State this certificate HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA ng Home 5 - Raeldanca 8 - Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with marked, 1 Netural 5 Pending 1 YES 2 NO 84 After 1 death 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is 8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide FUNERAL DIRECT within 72 hours a 29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE THE 37607 114 90 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Hospita Church 31. DATE FILED (MONTH DEV. YEAR) 990 32. REGISTRAR'S SIGNATURE Gratie Devidson-Random DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

HOURS

Karp

8. AGE (In vrs. last birthday

DHMH-16 Rev 1/89

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ctor.		must
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funeral	iin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	17: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
the	oval.	B
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1	REGISTRAR	CERTIFI	CATE OF	DEATH	REG	i. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			i	2. DATE OF DEA	PLANT	VEAD	3. TIME OF OEATH		
	ROBERT L. MALLORY				4	16	90	11:40 AM		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	<u>IF.</u> ,	8. BIRTH	IPLACE (State or Foreign		
	214-38-3709 1 ₩ 2 □ F 49	9 YRS.	MONTHS DAYS	HOURS MIN.	8/5/40		Mar	yland		
E	9a. FACILITY NAME (If not institution, give street and number) University of MID CANCEL C	enter	0 11	R LOCATION OF OE	ATH	9c. COL	JNTY OF D	EATH		
5	RESIDENCE OF DECEDENT									
SIE I	10e. STATE 10b. COUNTY Maryland	1	town on Locat Stimore	ON				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
ار	10e. STREET AND NUMBER			ZIP CODE		10g. CI	FIZEN OF V	WHAT COUNTRY?		
EK	2248 Wilkens Ave.			21223			U.S			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed Divorced 12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	If yes, spe	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or N if yes, specify Cuben, Maxican, Puerto Rican, etc.) The Yes 200 NO Specify:				E — American Indian, k, Whita, etc. White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	ork done during mo.		16b. KIND	OF BUSINESS/IN	DUSTRY			
۳	Elementary/Secondary (0-12) College (1-4 or 5 +)	ilie. Do NOT use	211000			11				
È	llth grade	Bar Own	er			ullys T		Ω		
3	17. FATHER'S NAME (First, Middle, Last)			16, MOTHER'S NA		Maiden Sumame)				
BE	George Mallory				Waddey					
2	19a. INFORMANT'S NAME (Type/Print)			nd Number or Rural i				120		
- 1	Elizabeth York			Ave. B.						
	1. Burial 2 Cremation 3 Removal from State	other place)		200 1000 10	1	Do 1 to 1 and				
ŀ	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL HIRYIGE LICENSIE	Loudon Pa	22. NAME AN	D ADDRESS OF FA	CILITY		ore,	Maryland		
	Vein & Smith	>	Hubba	rd Funer. Wilkens	al Home		e, M	D 21229		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset end Death									
	disease or condition Assessment A									
ì	resulting in death) Due To (OR AS A CONSEQUENCE OF):									
,	disease or condition resulting in death) a. ASDITUTION (ICUMINICA) DUE TO (OR AS A CONSEQUENCE OF): When SIYE Squamons Cell Coverning of									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate									
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	the neck								
<u> </u>	that Initiated events	S A CONSEQUENCE OF	7):							
	resulting in daeth) LAST									
	PART II. Other aignificant conditions contributing to death	h but not resulting l	n the underlyin	cause given in	Part i. 24a.	MAS AN AUTOPS	y 24	b. WERE AUTOPSY FINDINGS		
DICAL						PERFORMED?	115	AVAILABLE PRIOR TO COMPLETION DF CAUSE		
וּ בִּ					_ 10	YES 2 NO		DF DEATH?		
ž					_			1 TYES 2 THO		
Ž	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF GEATH (Check only one)									
5	EXAMINER? HOSPITAL: 1 YES 2 NO 1 Impetient 2 ER/C		OTHER:							
PHYSICIAN: ME	27, MANNER OF DEATH 28s. DATE OF INJUI			URY AT	· -	HOW INJURY O	CCURED			
	1 Netural 5 Pending (Month, Day, Yea		URY WO	PRK?						
E A	2 Accident Investigation 28e, PLACE OF INJI	URY At home, farm, s	street, factory, offic	4	28f. LOCATION	(Street and Numb	ber or Rural	Route Number,		
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)									
۳ ا	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my ki	nowledge death occurs	ed at the time date	and place, and due	to the cause(s)	and manner as a	tated.			
M	(Check only one) 2 MEDICAL EXAMINER: On the best of examin							(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER		11. 412.11	29c. LICENSE NU	MBER	29d. O	ATE SIGNE	D (Month, Day, Year)		
BE	There and was					•	4/1	4/90		
ဍ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF			, ,	i	l Ra1	timo	re, Marylan		
	R. Feliciano Univo		YAM lan	d CANO	el Cer	Thy Bai	. C IIIO	io, maryian		
	APR 1 8 1990 Julia Sur Mary 32. REGISTRAR'S S	IGNATURE								
	MER IX MMH Guka Muldun 1998	HAS ARE								

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

NI: The law requires that the death certificate be executed within the house after death. Page 6 may be retained by the hospital or attending physician.	ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mate event the medical examiner must be notified at once
equires that the death certificate be executed within 24 hours after death.	ficate has been signed by the attending physician and completely filled in by the funer. State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
IN: The law	ficate has be State Dept.	Hom 23

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		ENTAL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Last)	<u> </u>	McCA	11		2. DATE OF DEATH DA	9	3. TIME OF DEATH 405 AM		
	SEX 6. AGE (III	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/10/19		BIRTHPLACE (State or Foreign Country) Carolina		
9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN C	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT					
BALTIMORE COUNT		BALT	IMORE C	0.	RAND	ALLSTOWN			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IN							10d. INSIDE CITY		
MARYLAND XXXXXX BALTIMORE 1 1 1 1 1 No No No No No No No No No No No No No									
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4017 DORCHESTER ROAD 10g. CITIZEN OF WHAT COUNTRY? USA									
				21207			ISA		
1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 300	If yes, sp	ecity Cuban, Mexican, 2 NO Specity:	C ORIGIN? (Specify Yes , Puerio Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc. Specify:		
15. DECEDENT'S EQUICATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Surname)			
HARRY McCALL				SENI	LLA McCA	LL			
19a, INFORMANT'S NAME (Type/Print) MARIE McCALL					D. BALT				
20s. METHOD OF DISPOSITION 1 😿 Burlel 2 🗆 Cremetton 3 🗆 Removal		PLACE OF DISPOS other place)					y or Town, State		
4 Donation 5 Other (Specify)	M			NAL CEM		LTO.,	MARYLAND		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE									
23. PART I. Enter the diseases, or come shock, or heeft fellure. List IMMEDIATE CAUSE (Finst disease or condition resulting in death)	only one cause on ea	ch ilne.		RRY#h		ratory erres	t, Approximate Interval Between Onset and Death		
Sequentially list conditions,				*					
if sny, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF) :						
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
resulting in deeth) LAST									
PART II. Other significent conditions of	ontributing to death be	ıt not resulting i	n the underlyin	g cause given in P			24b. WERE AUTOPSY FINDINGS		
Renal fai	lure				1 YES 2	V.	COMPLETION OF CAUSE OF DEATH?		
Phenonia	with R	es pi RA	tocy t	Ailure.	_	/ \	1 TYES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:		26. P	LACE OF DEATH (Chec	ck only one)		•		
1 TYES 2 NO 1	Inpatient 2 - ER/Outp		4 Nursing Hon	ne 5 🗆 Residence 6					
1 Netural 5 Pending	(Month, Day, Year)	26b. TIMI INJ	URY WO	URY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW I	NJURY UCCUI	NED .		
2 Accident investigation 3 Suicids 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	treet, factory, offic	•	281. LOCATION (Street in City or Town, State)	and Number or	Rural Route Number,		
29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
29b. SIONATURE AND TITLE OF CERTIFIER	1-1	T		29c. LICENSE NUMI	BER / 09	29d. DATE S	SIGNEO (Monte, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO G	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	1 01	Q - 1	110.1	111110		
31. DATE FILED (Month, Day, Year)	CHA 54	UI ULO	LOUR	T Ka,	KANde	71124	OWN, MID		
APR1 81990	Antin Davidson	n-Randelle							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burital, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR	TO THE FUNERAL DIRE	be filed within 72 hours	IMPORTANT: If Item

80. NAME AND ADDRESS OF K'S'DHAI

K·S·D HARMASENA
31. DATE FILED (MOUTH, Day, Year)
APRI 81990 Sala

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	1 - FOR STATE REGISTRAR	STATE OF M					EALTH		MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT			3. TIME OF DEATH	н
	Richar	d M.	Morsber	røer								6:51	D M
	4. SOCIAL SECURITY NUMBER	ichard M. Morsberger 5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 F	IPLACE (State or For	relan									
	04 5 4 8 4 5 5 6	1 1X M 2 □ F			MONTHS	DAYS			(Month, Day, Yes	er)	Country	γ)	
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EC	10a. STATE 10b. COUNTY			10c. CI1	ry, Town	OR LOCAT	CATION					10d. INSIDE CITY	
DIRECTOR	Maryland Anne	Arundel		1	Ralt!	more	9				- 1	LIMITS?	NO
	10e, STREET AND NUMBER	THE COLUMN TO TH						E		10g, CI	IZEN OF V		
FUNERAL	24.3 3md Ass	(ONIIO							E				
N N	11. MARITAL STATUS		FVED IN 11 C AD	MED	12	WAS DEC				h. Van ar Na			
F	1 Never Merried 2 Merried	FORCES? 1	YES 2 A			If yes, sp	ecify Cuba	n, Mexica	n, Puerto Rican, etc	Puerto Rican, etc.)			n,
ВУ	3 Widowed 4 Divorced					1 U YES	2 XNO	Specify	y:		Speci	White	
	15. DECEDENT'S EDUC		16a, DF	CEDENT'S	USUAL C	CCUPATIO	ON .		16b, KIND O	F BUSINESS/IN	DUSTRY	WILLOG	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(G life.	ive kind of Do NOT u	work done ise retired.)	during mo	et of working	ng					
PL	12th Grade	College (1-4 or 5 +	'	Eng	ineer	r			М	anufac	turir	16	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				2,100.		18. MOTI	HER'S NA	ME (First, Middle, Mi			-6	
	John H.	Morsberg	or					Gol		,			
BE	19e. INFORMANT'S NAME (Type/Print)	MOLSDELE		h MAILING	3 ADDRES	S (Street a	nd Number		Route Number, City o	r Town State 7	in Code)		
2	Richard Morsbe	22.020										and 240	64
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemeters, cremetors or 20c. LOCATION — City or Town, State												
	1 X Burfel 2 Cremetion 3 Removel from Stete 4 Donation 5 Other (Specify) Cedar Hill Cemetery Baltimore, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	George J. Gonce Funeral Home P.A.												
	Kukach	-000	vis		1	+001	Rite	chie	Hwy. Ba	ltimor	e. Ma	1. 21225	
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock or heart feiture. List only one cause on each line.												
	shock, or heert feliure. List only one cause on each line, Interval Between Onset and Deatt												
	disease or condition resulting in death)	ANEN	OCARC	IN	1 MA	4	·05	u	NKNOW	N S 1	F		
	resulting in death)		OR AS A CONSE								-		
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ERTIFICATION	Sequentielly list conditions, if any, leeding to immediate	DUE TO	OR AS A CONSE	OUENCE (OF):								
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FR	resulting in deeth) LAST	d.											
Ö	Dagging on the state of the sta											1	
PHYSICIAN: MEDICAL	PART II. Other significent condition									AS AN AUTOPS!	246	AVAILABLE PRIDE	TO
음	CHRONIC OBST	Rucill	E PNT	MO	MAI	4	015	E/H	10 Y	ES 2 NO		COMPLETION OF CO	AUSE
ME												1 - YES 2 - 6	40
ž													
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF C	EATH (Ch	neck only one)				
SI	1 ☐ YES 2 ☑ NO	1 Inpatient 2	ER/Outpetlent 3	DOA	4 Nu		10 5 X R	esidence	8 Other (Specify	1)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, Do		28b. TII	ME OF	28c. IN.	JURY AT		28d. DESCRIBE	IOW INJURY O	CCURED		
BY F	1 Natural 5 Pending 2 Accident Investigation		,,,,,,,		M		YES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At he etc. (Specify)	ome, ferm,	street, fac	tory, offic	0		28f. LOCATION (S City or Town,		er or Rural I	Route Number,	
TE	4 Homicide datarmined		1-6-0-1/						ony or rown,	3.0/			
LE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	eath occur	red at the	time, date	end place	, and rhe	to the cause(s) en	d menner es el	ated.		
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											s) and menner es =	tated.
	29b. SIGNATURE AND TITLE OF CERTIFIES			_									
BE	1 / 10	sens, 1	w.n.				Zac. File	ENSE NU	153	29d. D/		13 · 90	
5	30. NAME AND ADDRESS OF PERSON WH	,		M 27) /5~	o Prints		1	' [1		7.	12 0	

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RMASENA, M.D. 710 CHURCH

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

St. BALTIMORE, MD 21225

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	FOR 1 - STATE	STATE OF MAR					EALTH DEAT		MENTAL		_	9	UI	042	-
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) George	. B.			khe	(J	R.	2. DATE O	REG. NO	ž	90	3. TIME O		м
п	711	1 M 2 🗆 F	GE (In yrs. last bi	rthday) YRS,	IF UNDER	DAYS	IF UNDER HOURS	MIN.	14-	F BIRTH Day, Year)		Ma	rylar		
TOR	90. FACILITY NAME (If not Institution, play sin Harbor Ho Spital RESIDENCE OF DECEDENT	Center					n ore		Md.			CILLE		City	
DIRECTOR	100. STATE 10b. COUNTY Maryland Anne	e Arundel			Y, TOWN C								10d. INSID	S?	
	10e. STREET AND NUMBER	a willider			<u>alti</u>		ZIP CODE	-			10a. CI	TIZEN OF	1 YES	4.5	-
FUNERAL	5320 - 4th Sta	anot.									log. o.				
N.	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARME	D	13.	WAS DEC		225 F HISPAN	NIC ORIGIN?	(Specify Yes	or No-	U.S.	E - America	n Indien.	_
ВУ	1 Never Merried 2 Merried 3 Never Merried 2 Never Neve	FORCES? 1 X Y IF YES, GIVE WAR O World	R DATES			II yes, sp		n, Mexica	in, Puerto Ri			Spec	k, White, atc		
ED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION CONTROLLER	16e. DECEI				ON st of workin		16b.	KIND OF BU	SINESS/IN	DUSTRY			_
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MPI	12th Grade		Ma	nag	er o	f En	gine	erin	ıg	Too.	land	d Die			
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First, M	iddle, Meiden	Surname)	- 8			
BE		Menikhei	Lm Sr.					Mare	aret	Co.	le				
0	19e. INFORMANT'S NAME (Type/Print)		19b. N	AILING	ADDRESS	S (Street a	nd Number	or Rural	Route Numbe	or, City or Tow	n, Stete, 2	Zip Code)			
	Dolores Menikh								Balt:	more				225	
	20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State														
	21. SIGNATURE OF FUNERAL SERVICE LICE	L EDO			22.	NAME AN	ge J	. GC	once I	unera	al Ho	ome I	.A.	225	
	23. PART I. Enter the diseases, or co shock, or heart feliure. L			h. Do n									App	roximate rvai Batweer et and Deat	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	AMOXIC	ency	ha	lopa	thy								or and boar	
					,	/									
ő	Sequentially list conditione, if any, leading to immediate	DUE TO (OR	AS A CONSEQUE	ENCE OF	F):								1		-
SAT	cause. Enter UNDERLYING	SIR C	cardias		arre	5									
CERTIFICATION	CAUSE (Disease or injury that initiated events		AS A CONSEQUE		F):										_
FE	resulting in death) LAST														
0	PART ii. Other significant conditions	contributing to dael	th but not res	uitina i	in the ur	rderivin	n cause c	alven in	Part i	24a. WAS AN	ALITOPS	v 24	WERE AUT	DPSY FINDINGS	
S							9 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFO	RMED?		AVAILABLE		
MEDICA									_ [1 TYES	NO		OF DEATH?		
									- 1				1 TYES	2 (D-NO	
AN	25. WAS CASE REFERRED TO MEDICAL					00.0	105 OF D	EATH ON							_
[I	EXAMINER?	HOSPITAL:			OTHE	R:			eck only one						_
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJU		28b. TIM		26c. INJ		reidence	8 Other	(Specify) CRIBE HOW	N.HIBY O	CCURED			
	1 Netural 6 Pending	(Month, Day, Ye			URY	WC	PK? YES 2	3 NO	200. DES	JAIDE HOW	MAJORY O	COMED			
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (URY — At home Specify)	, form, o	street, fac			,		TION (Street r Town, State		per or Rural	Route Number	N,	_
ETED	Tromesor Getermined														
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCRETE P	CIAN: To the best of my k											(e) end menn	er sa stated.	
	291. SHONATURE AND TITLE OF CERTIFIER									- himsel a					_
BE	The state of the s						29c. LICE	ENSE NU	MDER				7 - 9 1		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 1	7) (5,000	Delat)							((1 10		

Baltimore.

Md.

21230

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5- Hanover

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
出	班	filed	POA
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UMBER 2 Merried Divorced 15. DECEDENT'S EDECity only highest grandery (0-12) (First, Middle, Last) 1. Nycusposition 1. Nycusposition 1. Nycusposition 2 Other (Specify)	s. SEX 1 M 2 F street end number) reet 12. WAS DECEDER FORCES? IF YES, GIVE WORL College (1-4 or 5	NT EVER IN U.S. 1 K YES 2 WAR OR DATES 1 War 160 +)	S. ARMED ONO II DECEDENT (Give kind of the Do NOT) Fire 19b. MAILIN 15 ACC FDISP(her place)	Balt: S USUAL C WORK done use retired.) The property of the	WAS DECEMBER OF THE STREET OF	ION E 1. ZIP CODE 21 225 ENDENT OF HISE Secity Cuban, Mexic 2 No Special	ANIC ORIGIN? Can, Puerto Ri City 18b. Mi a Mi al Route Number	1 16, 199 F BIFTH Day, Year) 20-1921 9c. COU 10g. CIT (Specify Yee or No— can, atc.) KIND OF BUSINESS/IN Locke In: ddie, Meiden Surname) 1ler c, City or Town, State, Zirnie, Mar	8. BIRTHPLACI Country) Penns NTY OF DEATH 10d. 1 0S.A. 14. RACE—Art Black, Whit Specify: W DUSTRY Sulator	merican Indian, te, atc. hite				
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(First, Middle, Leat) ITHER N NAME (Type/Print) L. NyCu SPOSITION remation 3 Re-	College (1-4 or 5 College (1-4 or 5	+) 164	DECEDENT (Give kind of the Do NOT) Fire 19b. MAILIN 15 ACE OF DISP(her place)	man G ADDRES Vist: DSITION (N	during mo	16. Lena Time and Number or Rur enue G	Mi al Route Number len Bu	Locke Indide, Melden Surneme) ller w. City or Town, State, Zirnie, Mar	sulator	1 061 tate				
NAME (Type/Print) L. Nycusposition remation 3 - Re- Other (Specify)	IM moval from State	oth	19b. MAILIN	G ADDRES Vist: DSITION (N	a Av	enue G	Mi al Route Number len Bu	ddle, Malden Surname) ller or, City or Town, State, Zi rnie, Mar	o Code) yland 2	2 <u>1</u> 06 <u>1</u>				
NAME (Type/Print) L. Nycusposition remation 3 - Re- Other (Specify)	IM moval from State	oth	ACE OF DISPO	Vista DISTION (N Hill	a Av	enue G	Mi al Route Number len Bu	ller m, City or Town, State, Zi rnie, Mar	yland 2	tale				
NAME (Type/Print) L. Nycus SPOSITION remation 3 Re	IM moval from State	oth	ACE OF DISPO	Vista DISTION (N Hill	a Av	enue G	el Route Numbe	rnie, Mar	yland 2	tale				
SPOSITION remation 3 Re Other (Specify)	moval from State	oth	ACE OF DISPO	DISTRIBUTION (N	ame of cer	metery, cremetory o				tale				
remation 3 Re Other (Specify)		oth	her place)	Hill			r	20c. LOCATION —	City or Town, S					
	LICENSEE	-	o caar		20e. METHOD OF DISPOSITION 120 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Cedar Hill Cemetery 20c. LOCATION — City or Town, State Baltimore, Maryland									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225														
23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallere. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. POS VSS/VE SGUAMOUS COSCIMONO N.g. Horse long to give the part of the pa														
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b														
Chronic obstructive lung disease 1 yes 2 PMO OF DEATH?									E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE DEATH? YES 2 NO					
RRED TO MEDICAL	HOSPITAL			1 0=:		LACE OF DEATH	Check only one)						
	1 Inpatient 2			4 □ Nt	rsing Hon									
5 Pending	(Month,				W	ORK?	28d, DEŞ	CRIBE HOW INJURY O	CCURED					
8 Could not be determined	28e. PLACE building	OF INJURY — g, etc. (Specify)	At home, farm	, atreet, fa	ctory, offic	CO .	28f. LOCA City o	TION (Street and Number Town, State)	er or Rural Route	Number,				
										menner ee stated.				
D TITLE OF CESTIF	yen /							29d. DA	, ,					
	ERRED TO MEDICAL ATH 5 Pending investigation 8 Could not a determined	ERRED TO MEDICAL HOSPITAL: 1 Inpatient 2 EATH 5 Pending Investigation 8 Could not be determined CERTIFYING PHYSICIAN: To the best	ERRED TO MEDICAL HOSPITAL: 1 Inpatient 2 ER/Outpati ATH 5 Pending Investigation 8 Could not be determined CERTIFYING PHYSICIAN: To the best of my knowled MEDICAL EXAMINER: On the best of examination a	ERRED TO MEDICAL HOSPITAL: 1 Inputtent 2 ER/Outpattent 3 DOA ATH 5 Pending Investigation 8 Could not be determined 28e. PLACE OF INJURY — At home, farm building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm building, etc. (Specify)	ERRED TO MEDICAL HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 No. ATH 5 Pending Investigation 8 Could not be determined 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY At home, farm, attreet, far building, etc. (Specify) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the MEDICAL EXAMINER: On the best of examination and/or investigation, in my	ERRED TO MEDICAL HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Norsing Horizontal Investigation 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, offit building, etc. (Specify) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dat medical examiner: On the best of examination and/or investigation, in my opinion,	ERRED TO MEDICAL HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Norsing Home 5 Residence ATH 5 Pending Investigation 8 Could not be determined 28a. DATE OF INJURY At home, farm, street, factory, office 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. PLACE OF INJURY — At home, farm, street, factory, office 28c. PLACE OF INJURY — At home, farm, street, factory, office	ERRED TO MEDICAL HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA A Nursing Home 5 Recidence 8 Other ATH 5 Pending Investigation 8 Could not be datermined 28e. PLACE OF INJURY — At home, farm, attreet, factory, office 28f. LOCA City of MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cour	ERRED TO MEDICAL HOSPITAL: 1 npetient 2 ER/Outpatient 3 260 THER: 4 Nursing Home 5 Residence 8 Other (Specify) ATH 5 Pending Investigation 8 Could not be determined 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. NJURY 28. NJURY AT WORK? 1 YES 2 NO 28. LOCATION (Street and Number of Section of Number of Num	PERFORMED? 1 YES 2 D'NO PERFORMED? 1 D'YES 2 D'NO PERFORMED. 1 D'YES 2 D'NO PERFORMED. 1 D'YE				

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

rkman

31. DATE FILED (Month, Day, Year)
APR1 8 1950

Kman MO
32. REGISTRAR'S SIGNATURE

whia Davidson-Randall

Harbor

Hospita

Approximata

Interval Between

Onset and Daath

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		V.)
BALTIMORE, MARYLAND 21203-3146	The law requires that the death certificate be executed w	e has been signed by the attending physician and compress med in by the funeral director, page 5 should be detached for use as the burial-turning memoral. the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
9	N P	mpterely need it	event, the m
30X 1314	ate be executed	hysician and co prior to burial,	r traumatic (
, P.O. E	death certific	ne attending pl Aental Hygiene	ury, or othe
AL RECORDS, P.O. BOX 13146.	requires that the	e has been signed by the attending physician and completely fined in by the te Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any inju
AL F	he law	e has b	m 23

DIRECTOR

FUNERAL

BY

COMPLETED

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CERTIFICATION

MEDICAL

PHYSICIAN:

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FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	RTMENT OF	F HEALTH AND	MENTAL HYGIEN REG. NO.		
. DECEDENT'S NAME (First, Middle, La	ist)				2. DATE OF DEATH		3. TIME OF DEATH
Caroline H.	Napfel				MONTH DA	4 90	9:15 P.
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YE		7, DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
219-30-9141	1 🗌 M 2 🙀 F	Q4 YRS.	MONTHS DA	YS HOURS MIN.	Dec. 22	1895 N	Md .
e. FACILITY NAME (If not institution, gi	ive street end number)		96. CITY, TO	WN OR LOCATION OF D		9c. COUNTY OF	10.
4404 Adell Te	errace		Ral+	imore Ci	+ w	N/A	
RESIDENCE OF DECEDENT			L Dall II	THOTE G	4	N/A	
IOa. STATE 10b. COU	INTY	10c. CIT	Y, TOWN OR LO	DCATION			10d. INSIDE CITY LIMITS?
Md.	N/A	B	altim	ore			1 YES 2 NO
IOA. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
4404 Adell Te	rrBal	to. Md.		21229		U.S.A	Α.
11. MARITAL STATUS		NT EVER IN U.S. ARMED	13. WAS		NIC ORIGIN? (Specify Yea	or No- 14. RAC	CE — American Indian, ck, White, atc.
Never Merried 2 Merried	3 (9 (4) - 5 (1)	WAR OR DATES		YES 2 NO Speci		Spec	
Microwed 4 Divorced		N/A			N/A	Whi	ite
15. DECEDENT'S E (Specify only highest gr		16e. DECEDENT'S		PATION a most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	life Do NOT u	se retired.)				
N/A	N/A	Nurs	e Sup	ervisor	St. Agr	nes Hos	nital
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Maiden		
John Napfel				Marv	Koestner		
90. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural	Route Number, City or Town	n, State, Zip Code)	
Miss. Agnes	L. Napre	4	404 A	dell Ter	rBalto	. Md.	21229
20a. METHOD OF DISPOSITION	-17-90	20b. PLACE OF DISPO				CATION — City or T	Town, State
Donation 5 Other (Specify)			hedra	L Cemete	rv Ba	lto. N	ſd.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAM	E AND ADDRESS OF F	ACILITY		
			51	51 Balti	more Nat:	ional F	Pike

DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE RECENT ATRIKE FISHILLATOR 1 YES 2 NO DF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 Nursing Home 6 Residence 6 Other (Specify) 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 2 ___ MEDICAL_EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.

G. Truman Schwab Baltimore, Md. 21229

23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,

DUE TO (OR AS A CONSEQUENCE OF):

BICHPORAL LOWER LOBE PNEURONAS

296. SIGNATURE AND TITLE OF CERTIFIER w 296 LICENSE NUMBER D21336

29d. DATE SIGNED (Month, Day, Year) 6

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

ahock, or haart failure. List only one cause on each line.

31, DATE FILED (Month, Day, Year)

IMMEDIATE CAUSE (Final

disease or condition resulting in death)

Sequantially list conditions,

If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury

32. REGISTRAR'S SIONATURE Keindson-Randalle And the second s

of the second of

principle of the second

al examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
oval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within the law is after death. Page 6 may be retained by the hosp
DALIMONE, MANITAND	DIVISION OF VITAL RECORDS, F.O. BOX 13149,

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.									
	1. DECEDENT'S PAME (First, Middle, ESSI) E. M. ORTER 2. DATE OF DEATH 19 981 1 TIMES	PM-								
	4. SOCIAL SECURITY NUMBER 5. SEX 5. B. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth), Day, Mar. 1 2 - 2 0 - 1 4 MARYLAN	300000								
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH BON SECOURS HOSPITAL BALTIMORE N/A									
REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSID. LIMITS	E CITY S?								
	MARYLAND BALTIMORE 100, STREET AND NUMBER 101, ZIP CODE 102, CITIZEN OF WHAT COUNT									
ERA	62 MAGOTHY BEACH ROAD 21122 USA									
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TWO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES A XNO Specify: 14. RACE — America Black, White, etc. Specify: B L A									
ED	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY	ICK								
Ē	Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT use retired.)									
COMPLET	8 th GRADE DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
H C	JAMES SPENCER GERTRUDE BROWN									
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	LENORA SMITH 8282 SOLLEY ROAD (21122) 20e_METHOD OF DISPOSITION 1 Barriel 2 Cremation 3 Removel from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State									
	4 Donallon 5 Other (Specify) MAGOTHY U.M. CHURCHYARD MAGOTHY, MARYI									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. BOX 44 (21223)	133								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory srrest, Approximate interval Between									
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. EHRONIC KENAL FAILURE and Death									
z	DUE 70-(OR AS A CONSEQUENCE OF):									
ATIO	Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING									
FIC	CAUSE (Disease or injury that initiated events									
CERTIFICATION	resulting in death) LAST									
4	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE									
MEDIC	1 U YES 2 ☑ NO DF DEATH:									
	1 yes	2 NO								
PHYSICIAN:	EXAMINENT DOMEDICAL HOSPITAL: OTHER:									
YSIC	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO									
ETED BY	2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office buffding, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)	Br,								
COMPLE	29s. CERTIFIER (Check only one) 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.	ner as stated.								
BE	296. SIGNATURE AND TITLE OF CENTIFIER 296. SIGNATURE AND TITLE OF CENTIFIER 296. LIGHENSE NUMBER 296. LIGHENSE NUMBER 297. LIGHENSE NUMBER 297. LIGHENSE NUMBER 298. DATE SIGNED, (Month, Day 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70								
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	31. DATE FILED (MONTH, Day, Year) APRI 81890 APRI 81890 APRI 81890 APRI 81890									

and a company of the first of the first of

	-	ansit	
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the nounce after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.	notified at once.
BALTIMORE,	iours after death. Page 6 may t	d in by the funeral director, pag or removal.	IMPORTANT; if liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notiffied at once.
	1	ly fille ation,	the
13146,	executed within	and complete	natic event,
ŏ	ate be	ysician prior t	Traur
O. B	certifica	ding ph tygiene	other
0	death	e atten	ury, or
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	3 shows any in
TAL	I: The la	cate has	Item 2
7	YSICIAN	s certifi	d, 0r
ON	NG PH	fter this	marke
ISIO	TENDI	after d	28 Is
NO.	L DR A	L DIRE	I Item
	OSPITA	UNERA	ANT: 1
	TO THE H	TO THE F	IMPORT

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH		
	THOMAS	Ε.	PILSC	Н		April 16	199			
BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTNPLACE (State or Foreign		
	213-10-3848	1√XM2□F	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9-9-1911		shingtonDC		
CC.	9a. FACILITY NAME (If not institution, give st	reet and number)	1	b. CITY, TOWN D	R LOCATION DE D		9c. COUNTY			
S S	Union Memorial	Hospital		Baltim	ore					
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									
H				TOWN DR LOCAT	IDN			10d. INSIDE CITY LIMITS?		
9	Maryland		Balt	imore				1XXVES 2 ND		
RA					ZIP CODE			OF WHAT COUNTRY?		
N	1301 E. 36th S				21218		U.S.			
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 ND	If yes, sp	cify Cuban, Maxic	NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)	s or No- 14. I	RACE — American Indian, Black, Whita, etc.		
84	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DI WWT.T	ATES	1 TYES	2 X X D Speci	fy:		specily: Ihite		
	15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S U	SUAL OCCUPATION	N .	16b, KIND OF BU				
ETE	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5+)		rk done during mo		100,100				
P		Years	Lawver			Vetera	ns Adm	inistration		
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Middle, Maiden				
C	Jacob	Pils	ch		Columb	oia	Co1	vin		
8	19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street a		Route Number, City or Tow				
5	Laurel P. Stras	ssberger	714 R	egeste	r Ave.	Baltimor	e. Ma	rvland		
	20a. METNOD OF DISPOSITION 1 Burlal 2 X X remation 3 Remains	206	PLACE OF DISPOSIT				CATION — City			
	4 Donation 5 Other (Specify)	GI	een Mou			Ba1	timor	e, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22, NAME AN	D ADDRESS OF F	Tohnson T) A E111	neral Home		
	William &	06K1	ne)	8521	Loch R	aven Blyd	TOWS	on, MD21204		
	23. PART I. Enter the diseases, pr	complications that caused	the desth. Do no							
	ahock, or heart failure.	List only one cause on a	ach line.					Interval Batween Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition	ON PI	10110	eath of	~~ ×	12,				
	resulting in death)	CONSEQUENCE OF):	2000	OU NO	Ican	Tan				
2		. Kloon	atom	AR	REST			1/2/1		
2	Sequentially list conditions, if any, leading to immediate	DUE TO OR AS A	CONSEDUENCE OF	1 21		4		100		
CA	CAUSE (Disease or Injury C. SUEVE BULLOWS Truphy) ema									
브	that initieted events resulting in deeth) LAST	DUE TO (DR AS A	CONSEDUÉNCE OF			/ /				
CERTIFICATION	resulting in double Ends	d								
	PART II. Other algnificant condition	s contributing to deeth b	ut not resulting in	the underlying	g cause given in	Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS		
MEDICAL						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
밀								DF OEATH?		
2							- 1	- L. 144 E L. 116		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE DF DEATH (C	heck only one)				
Sic	EXAMINER?	HOSPITAL: 1 ☐ Inpetient 2 XER/Outp		OTHER:	e 5 🗆 Rasidenca	8 Other (Specify)				
Ŧ	27. MANNER DF DEATN	28a. DATE DF INJURY	28b. TIME	DF 28c. INJ	aling Nome 5 Raeldenca 8 Other (Specify) 28c. INJURY AT 28d. DESCRIBE NDW INJURY OCCURED					
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YES 2 ND					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, factory, offic		281. LOCATION (Street City or Town, State		lural Route Number,		
COMPLETED	4 Homicide detarmined		,,			Only of Yours, Grand	,			
2	29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	ICIAN: To the best of my know	ledge, death occurred	at the time, data	and place, and du	a to the cause(a) and ma	nner as stated.			
8	attions.	R: On the basis of examination	n and/or investigation	In my opinion, d	leath occured at Ih	e time, deta and placa, a	nd dua to the ca	use(a) and menner as stated.		
Ö	286. BIGHADITHE AND TITLE OF CENTRYES	11	04		29c. LICENSE NO	PARRIEN	29d. DATE SIG	SWED (Month: Day, 1647)		
BE	1/25011	// /nnc)		D223	34	17	An 090		
2	30. NAME THE ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)				10010		
	4 1/03	end w t	EBU	3	MO					
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	1						
	APP 10 1990 &	1: Kevidson Park	telle.	/-						

DHMN-18 Rev 1/89

Frank Come 1907 on 1902

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N						MENTAL	HYGI	ENE
	EGISTRAR			ERTIF	ICATE	O	F DEAT	TH		REG.

REGISTRAR				CERTIFIC	CATE OF	DEATH	F	REG. NO.		
1. DECEDENT'S NAME (First	, Middle, Lest)		1,0			3. TIME OF DEATH				
Gordon	M.	1	Ridger	Jav			Apri]	L 14	1990	3:39
4. SOCIAL SECURITY NUME		5. SEX			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH	8. BIRTI	IPLACE (State or Foreign
216-07-61	*	1 M 2 🗆 F	71	YRS.	IONTHS DAYS	HOURS MIN.	7 10 1	7-1918		laryland
9a. FACILITY NAME (If not in		,	3 D T I I A 3			OR LOCATION OF D		9c.	COUNTY OF E	DEATH
	-	kins H O	SPITAL	٠	Balti	more c	ity		=====	
RESIDENCE OF DEC	10b. COUNTY	,		the CITY	TOWN OR LOCA	TION				10d. INSIDE CITY
Trac and second										LIMITS?
Maryland	===	===		Ba	ltimore					1X YES 2 NO
10e. STREET AND NUMBER					10	f. ZIP COOE		109	. CITIZEN OF	WHAT COUNTRY?
	econd	Street				2122			U.S.A	
11. MARITAL STATUS	Maria.	12. WAS OECEOE! FORCES?	T EVER IN L	J.S. ARMED		CENDENT OF HISPA			0- 14. RAC Blac	E — American Indien, k, White, etc.
1 Never Married 2 🔀		IF YES, GIVE	MAR OR DAT	ES		2 NO Specif		.,,	Spec	
		World			<u> </u>					White
15. OEC (Specify on	EOENT'S EOU	CATION completed)	'	(Give kind of wo	rk done during m		18b. KII	ND OF BUSINES	S/INDUSTRY	
Elamantary/Secondary (College (1-4 or 5	+)	ilfe. Do NOT use	retired.)					
9th Grade				Forema	n		5	teel C	athell	Brothers
17. FATHER'S NAME (First, N	fiddle, Last)					18. MOTHER'S NA	ME (First, Midd	le, Malden Surna	me)	
Harry	M. 1	Ridgeway				Katie	Gunt	her		
19e. INFORMANT'S NAME (19b. MAILING	DDRESS (Street	and Number or Rural			te, Zip Code)	
Grace E.	Ridgew	av		3917 S	econd S	treet	Raltim	ore. M	arvlan	d 24 225
20a. METHOO OF DISPOSIT			20b. I			metery, crematory or	203.011	9	N — City or T	
1 X Buriel 2 Crematic	on 3 🗆 Rem	oval from State		other place) Cedar Hi						
21. SIGNATURE OF FUNERA		CENSEE		Gedar III	-	ND ADDRESS OF FA	CHITY	Darti	more.	Maryland
0-				-		ge J. Gor		eral H	ome P.	Α.
Jeion	e m	ramus	win	•		Ritchie				
23. PART I. Enter the d										Approximate
		List only one ca	use on eac	th line.						Interval Between Onset and Death
IMMEDIATE CAUSE (Fit disease or condition	nal	LI.	b. r z	2	1 6	As .		i I	15	Oliset and Death
reaulting in death)	→	a. Plu	tiple (150m 19	ilue (la	diec, pulmo	y, rew	al, repu	ite)	27 Ws.
		A I	(OR AS A	ONSEQUENCE OF)	1.					2110
Sequentielly list condition	tions	W1	ocardi		ve ho~					36 WS,
If any, leading to imme	diete	DUE TO	OR AS A	CONSEQUENCE OF)						
cause. Enter UNDERLY CAUSE (Disease or Inju		C								
that initiated events		DUE TO	OR AS A	CONSEQUENCE OF)	:					
resulting in death) LAS	я (d								
PART II. Other algoritics	ant condition	an contain the state of	I donth bus	h mat un multiper la	Alon conductor	e sause aluan la	Don't los	s. WAS AN AUTO	nev Lau	- William William Commission
PART II. Other algrinica	unt condition	s contributing to	death bu	t not resulting in	the underlyii	ig cause given in	Part I. 24	PERFORMED		AVAILABLE PRIOR TO
							1	YES 2 M	10	OF DEATH?
						_			l	1 TYES 2 NO
25. WAS CASE REFERRED 1	TO MEDICAL				26. 1	LACE OF DEATH (C	heck only one)			
EXAMINER?		HOSPITAL:	□ ER/Outp#	tient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other /9	pecify)		
27. MANNER OF DEATH	, , , , , , , , , , , , , , , , , , , 	28a. DATE O	F INJURY	28b. TIME	OF 28c, IN	JURY AT	1	IBE HOW INJUR	Y OCCURED	
	Pending	(Month,	Day, Year)	INJU	RY W	ORK? YES 2 NO				
2 Accident	Investigation	00 M 10-	OIE BUILDING	At home Committee			00/ 1000	DAL (Dr	humbar in m	Davids Marsh
3 Suicide a Suicide	Could not be determined	building	, etc. (Specif	– At home, farm, st y)	reet, rectory, orr	ce		ON (Street and N fown, State)	umber or Hural	Houte Number,
4 Hornicios	Getermined									
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	f my knowle	dge, death occurred	f at the time, dat	e and place, end du	to the cause(e) end menner a	ns stated.	
one)										(e) end menner se stated.
					211.					
296, SIGNATURE AND TITL	-	~	des			29c. LICENSE NU	MBER	290	. DATE SIGNE	(Month, Day, Year)
Teter		skene,							1/14/	70
30. NAME AND ADDRESS C		- ^								
Ketu > Gr	tene. I	10 30	the ende	oplins H	-spital					
31. OATE FILEO (Month, Day)	Year)	32. REGISTE			1					
APRI.	8 1990	Julian	Beink	March 30						



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGIST
1. DECEDENT
HOW

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	OTHE OF MINITED	CERTIFIC		DEATH		REG. NO.	XC	046	57 013
1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF	DEATH		3.	TIME OF DEATH
HOWARD EDMUND R	EIGLE				APRIL	13,	1990	EAR	2:25 P.
SOCIAL SECURITY NUMBER	5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8.	BIRTHPLA Country)	NCE (State or Foreign
218 03 9578	1 XXM 2 □ F	74 YRS.	ONTHS DAYS	HOURS MIN.	3-20	-16		MARYI	AND
. FACILITY NAME (If not institution, give str	set and number)	9	b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY		
VA MEDICAL CENT	ER		FORT	HOWARD			BALT	IMORI	E
a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCA	ATION				100	d. INSIDE CITY
MARYLAND ANNE	ARUNDEL	BROO	KLYN P	ARK				X	X YES 2 NO
. STREET AND NUMBER			10	Dr. ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
5318 4th STREET			2	1225			U.S	.A.	
MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No.— 14.	RACE -	American Indian,
Never Married 2XX Married	FORCES? 1 YES	2 NO		pecify Cuban, Maxica S 2 XNO Specif		en, etc.)		Black, W Specify:	hite, atc.
☐ Widowed 4 ☐ Divorced	WWTT			-21				WHI	FE
15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDENT'S US (Give kind of work	SUAL OCCUPAT	ION post of working	16b. K	IND OF BUS	INESS/INDUS		
Elementary/Secondary (0-12) years	College (1-4 or 5+)	life. Do NOT use n		ard		D	ailro	- 1	
10 years		BRAK	EMAN	conduct	or	N	allro	oad	
FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA					
JOHN REIGLE				NELLIE	Т.	LOWM	AN		
. INFORMANT'S NAME (Type/Print) Esther L. Reig	1e			and Number or Rural					1225
METHOD OF DISPOSITION	201	PLACE OF DISPOSITI				-	CATION — CITY		Cara
Buriel 2 Cramation 3 Ramo	val from Stata	other place)							
SIGNATURE OF FUNERAL SERVICE LICI		EPIPHANY		AND ADORESS OF FA	CILITY	10de	nton,	A.A	.Co.,MI
(D)	ED or	.)		ge J. G		Fune	ral F	lome	P.A.
Mickard	- CDOV	w		1 Ritch					
Sequentially list conditions, famy, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):					-		
nat initiated events esuiting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
ATHERIOSCLEROT	-		tha underlyi	ng cause given in		4a. WAS AN PERFOR	MED?	CO OF	ERE AUTOPSY FINDIN ARLABLE PRIOR TO MPLETION OF CAUSI DEATH?
5. WAS CASE REFERRED TO MEDICAL									
EXAMINER?	HOSPITAL:		26. I	PLACE OF OEATH (C)	neck only one)				
1 TYES 2X NO	1 N Impatient 2 - ER/Outp	entient 3 DOA 4	☐ Nursing Ho	me 5 - Residence					
MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (INJUR	W W	HJURY AT YORK? YES 2 NO	28d. DESCI	RIBE HOW I	WURY OCCUP	RED	
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stre	set, factory, off	lon		ION (Street a Town, State)	nd Number or	Rural Rout	e Number,
	CIAN: To the test of my know								nd manner as stated
B. SIGNATURE AND ATTLE OF BEFOREMER	1010			29c. LICENSE NU					
Lower	-			23th LIVENSE NU	moen.		The second second	-13-9	onth, Day, Year)
. NAME AND ADDRESS OF PERSON WHO	COMPLETED ON THE	ATH ATEM AT	-(-e)				4-	13-	
				m 110/11 n =	164 D**	TART	01050		
C.V.J. VERGHESE,		ICAL CENT	ER FOR	T HOWARD	, MAKY	LAND	21052		
DATE FILEPRIT 8 1990	A REGISTIAN'S SIGN	- Handell							

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death	fune		ХЗП
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not
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Ž		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR				MENTA	HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last)	3	harno	n			2. DATE	OF DEATH	5 90	SAR S	7:50 pm
		ALD ALL ADDO	SEX S. AGE (64 YRS.	MONTHS 1		IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH 1, Day, Year) -26-		Country)	CE (State or Foreign
9	5	Sa. FACILITY NAME (If not institution, give stree	et and number)		9b. CITY	DWN OR	Lucation of De	EATH		9c. COUNTY	OF DEATI	1
DIDECTOR		10a. STATE 10b. COUNTY	Itumo	100,00	y, town of	LOCATIO	OVE	Ci	ty		100	I. INSIDE CITY LIMITS? YES 2 \(\square\) NO
3	1	10e. STREET AND NUMBER				10f. 2	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
DV CHMCDAI	- 11	7 4 0 POPLAR GRO 11. MARITAL STATUS 1 □ Never Married 2 □ Married 3 □ Wildowed 4 □ Divorced	2. WAS DECEDENT EVER IN	U.S. ARMED	13. W	WAS DECE	Ify Cuban, Maxica	in, Puarto		DOCA PROCED TO A MARKET A MARKET A MARKET A MARKET A MARKET A MARKET Black, White, etc. Specify:		
6		15. DECEDENT'S EOUCAT	TION	16a. DECEDENT'S	USUAL OC	CUPATION		166	. KIND OF BUS	SINESS/INDUS		ACK
COMPI ET		(Specify only highest grade con Elementary/Secondary (0-12) 12th_Grade	mpletea) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done di se retired.)	uring most	of working	Re	sewoo	od St	ate.	Hosn.
5	5	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)		
n	3	Arthur 19a. INFORMANT'S NAME (Type/Print)	Savo	19b. MAILING	3 ADDRESS	(Street and	E7.2en	A Route Num	ber, City or Tow	n, State, Zip Co	W1.7.7	iame
5	2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State. Zip Code) 2 1 2 3 9 Eugenia Wallace 105 E. Belvedere Ave Ant. 2C/Balto Md 20b. PLACE OF DISPOSITION (Name of cerestery, crematory or 20c. LOCATION — City or Town, State										
		YG Burial 2 ☐ Cremation 3 ☐ Removat from State other place) RANDATISTONN MD										
		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		KTNG ME			CFMFT ADDRESS OF FA		ILE	IN DAD.	1010	WIV, MD
		- (Margara)	12 1Coul									
		23. PART I. Enter the diseases, or cor shock, or heart fallure. List				the mod				101 F		Approximete interval Between Onset end Deeth
		IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):										
2		Breast Cancer										
E		Sequentially list conditione, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	PF):							
CEDTIFICATION		CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST										
1	3	DART II Other significant acaditions			1 4			0-1			T	
MAEDICA!											AILABLE PRIOR TO IMPLETION DF CAUSE	
		O									1 (YES 2 NO
DUVELOIAM.		25. WAS CASE REFERRED TO MEDICAL EXAMINER?					CE OF DEATH (Ch	heck only o	ne)			
	2	1 YES 2 NO 1	HOSPITAL: Impatient 2 ER/Out		-	ing Home	5 🗆 Raeldenca	,				
DV DL		27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	IME OF 28c. INJURY AT WORK? M 1 YES 2 NO				2ad. DESCRIBE HOW INJURY OCCURED					
2 6	3	3 Suicide 6 Could not be datagramed	28s. PLACE OF INJURY building, atc. (Spe	r — At home, farm, cffy)	street, facto	ory, office		2at. LOC City	CATION (Street or Town, State)	and Number or	Rural Route	Number,
COMADIET	CIMILE	29a. CERTIFIER (Check only only 2 MEDICAL EXAMINER:	AN: To the best of my know On the basis of examination									d manner as stated.
A PO C		29b. Significant Title of Certifier	0				29c. LICENSE NU	MBER		29d. DATE S	Y/ L	onth, Day, Year)
IÈ	- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR	ATH (ITEM 27) (Two	e. Print)							

PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE

31. DATE FILED (Month, Dey, Year)
APR 1 8 1990

ter it

or attending physician. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		OINIE OI II		RTIF					MENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Min	iddle, Last)		0.	din e	UA 1 -	. 0.	DEA.		2. DATE OF DEATH			3. TIME OF OEATH
WANDA		D .		S	TII	^{2}H				A.	90	M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	I	8. BIRTI	IPLACE (State or Foreign
212-62-6574	4	1 ☐ M agrigg F	36	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 12-13-5	5.3	Count	AZ.
9a. FACILITY NAME (If not institu	ution, give atn	eet and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE		_	JNTY OF D	
4402 SHAMR	ROCK	AVENUE			BA	LTI	MOR	E C .	TTY			
RESIDENCE OF DECE												
	06. COUNTY			10c. CITY,	TOWN C	R LOCAT	ion ? Ci	+21				10d. INSIDE CITY
Md				Ба	0001							TTYES 2 NO
100. STREET AND NUMBER 4402 SHAME	ROCK	AVENUE					2 1 2 0			10g. CI	US.	WHAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED					IC ORIGIN? (Specify	/ea or No	14. RAC	E — Amarican Indian, k, White, etc.
1 Never Merried 2 Ma 3 Widowed 4 Divorce		IF YES, GIVE V	WAR OR DATES				2 / NO		n, Puerto Rican, etc.)		Spec	
15. OECEDI (Specify only hi	ENT'S EDUC	ATION	16a. DE	CEDENT'S L	ISUAL O	CCUPATIO	N et of workin	a	16b. KIND OF E	USINESS/IN	DUSTRY	
Elemantary/Secondary (0-12)		College (1-4 or 5	4)	ve kind of we Do NOT use I a.i.				y				
17. FATHER'S NAME (First, Middl	lle, Last)		1					IER'S NA	ME (First, Middle, Maid	en Surname)		
Phillip		White						hel		Marti		
19a. INFORMANT'S NAME (Type James	/Print)	Stith	191	402	Shai	S (Street a MYO (nd Number 2 k A	ve.	Noute Number, City or 1 /Baltim	own, State, Z OPC 3	Md.	21206
20a. METHOD OF DISPOSITION DE Buriel 2 Cremation	3 🗆 Remo	val from State	20b. PLACE other pla						em. 0w	LOCATION -	- City or T	own, State
4 Donation 5 Other (Sc		FNSFF	_ [[[((((((((((((((((00011			ID ADDRES			- 11 9 0		, , , , , , , , , , , , , , , , , , , ,
21. SIGNATURE OF FOREING)											
- Dlas	lup	Wan	an)		W	M.C.	MA	RCH	F.H. 1.	101 1	E . N	ORTH AVE.
23. PART I. Enter the dise		omplications the			ot entar	tha mo	da of dyi	ng, suc	h as cardiac or rea	piratory e	rrest,	Approximata Interval Between
iMMEDIATE CAUSE (Finsi disease or condition				Α (100							Onset and Death
reauiting in death)		DUE TO	OR AS A CONSE	OUENCE OF	100	aus	0	4				1
Sequentially list condition		idia	rothic -	di	(at	id	Ca	rdi	o myop	other		34
if any, leading to immedia	nte	DUE TIE	(OR AS A CONSE	DUENCE OF):				0 1	- /		0
CAUSE (Disease or injury		DUE TO	(OR AS A CONSE	DUENCE OF):							
that initiated events reaulting in desth) LAST			(011110110011001		,.							
		1			-			-				+
PART II. Other significant	condition	contributing to	dasth but not a	eaulting i	n the ur	nderlyin	g cause (given in		AN AUTOPS	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										2 NO		COMPLETION OF CAUSE OF DEATH?
											1	1 TYES 2 NO
												*
25. WAS CASE REFERRED TO I	MEDICAL	HOSPITAL					ACE OF D	EATH (Ch	eck only one)			
1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	4 Nu	R: rsing Hom	10 5 R	sidence	8 Other (Specify)			
27. MANNER OF DEATH		28a. DATE Of (Month, i	F INJURY Day, Year)	26b. TIMI			URY AT ORK? YES 2] NO	28d. DESCRIBE HO	W INJURY O	CCURED	
a Control	vestigation	26a. PLACE	OF INJURY — At he	me, ferm, s	treet, fac	tory, offic		_	281. LOCATION (Stre		er or Rural	Route Number,
	ould not be termined	building	, atc. (Specify)						City or Town, St	ere)		_
CONSULT OF BY									to the cause(s) and time, date and place,			(a) and manner as stated.
29b. SIGNATURE AND TITLE O	F CERTIFIEF	Mr. V.	imo.	IAAH	\		29c. LIC	ENSE NU	190	29d. D/	TE SIGNE	O (Morth, Day, Year)
30. NAME AND ADDRESS OF P			ISE OF DEATH (ITE	M 27) (Type,	Print)	(7)	9 5	501	IA.	12	12	1110
31. DATE FILED (Month, Day, Yes	an)		AR'S SIGNATURE	1	-	0 (1 6	ast	ern Toy	130	<i>u</i> -	me u u u
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rejurns after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit has find with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Itam 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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HOSP	FUNE	ANT
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2	23	E

STATE OF MARYLAND / DEPARTMENT OF	HEALTH AND MENTAL	HYGIENE
CERTIFICATE O	F DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
ALFRED H. SANTA	ANA				4 15	90	8:00 P.M. M
4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign
063-14-4694 Sa. FACILITY NAME (If not institution, give st	1 ☑ M 2 □ F 82	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 6/16/08	Puer	rto Rico
		90		R LOCATION OF DE	ATH	9c. COUNT1 JF	DEATH
3719 Clarenell F	toad		ватт	imore			
10s. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland		Ba1	timore				1 X YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
3719 Clarenell Ro	oad			21229		U.S.A	١.
11. MARITAL STATUS	12. WAS DECEDENT EVER IF FORCES? 1 YES				HC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	or No 14. RAG	CE — American Indian, ick, White, atc.
1 Never Married 2 K Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify		Spe	Hispanic
15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USI	IAL OCCUPATION	M1	16b. KIND OF BUS		
(Specify only highest grade	completed)	(Give kind of work	done during mo.		10b. KIND OF BUS	INESS/INDUSTRY	
9th Grade	College (1-4 or 5 +)	Wireman	,		Hoover	Electric	Co.
17. FATHER'S NAME (First, Middle, Last)		oman		18. MOTHER'S NA	ME (First, Middle, Maiden S		
Unknown				Unknow		7	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or Town	, State, Zio Code)	
Rose Santana		ASS. A. S. A. A. A. A. A. A. A. A. A. A. A. A. A.			Baltimore,		nd 21229
20s. METHOD OF DISPOSITION	200	. PLACE OF DISPOSITION				ATION — City or	
1 🗵 Burial 2 🗆 Cremation 3 🗆 Remo	oval from State	acred Hear				dalk, Ma	
21. SIGNATURE OF FUNEBAL SERVICE LIC		211	22. NAME AN	ID ADDRESS OF FA	CILITY		
* Tousa	7-6				al Home, In		
	71	75			Ave. Balt:		
23. PART i. Enter the diseases, or o shock, or heart failure.	complications that ceuse List only one cause on e		enter the mo	de of dying, suc	h es cerdiec or respi	ratory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final		A c 1.					Onset end Death
disease or condition resulting in death)	. bram.	IVRUAT	ive	Sepsi	3		6 days
	DUE TO (OR AS A	CONSEQUENCE OF):	pa	fort-			1
Sequentielly list conditions,	urinary	CONSEQUENCE OF):	()	460110	())		Iweek
if any, leading to immediate cause, Enter UNDERLYING			f +1	0	mototo		5 years
CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF);	1 /	P	1031410		Jyears
resulting in death) LAST							
	1						
PART II. Other significant condition	s contributing to death b	nut not resulting in t	he underlying	g cause given in	Part I. 24s. WAS AN. PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Congestive	Negrt	failure			1 YE\$ 2	NO	COMPLETION OF CAUSE OF DEATH?
Vermen IIa							1 YES 2 NO
Idiopathre	thrombor.	1 to pense	PHI	rpura			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
1 YES 2 NO	1 Inputient 2 ER/Outp		THER: Nursing Hom	e 5 🗆 Realdence	8 Other (Specify)		
27. MANNER-OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT	26d. DESCRIBE HOW IF	JURY OCCURED	
1- Natural 5 Pending 2 Accident Investigation	N/A		M 1 🗆 1				
3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, stree	et, factory, offic		28f. LOCATION (Street a City or Town, State)	nd Number or Rura	l Route Number,
4 Homicide determined							
000)	CIAN: To the best of my know						
2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation, i	n my opinion, d	leath occured at the	time, data and place, and	d due to the cause	(a) and manner as stated.
296. SIGNATURE AND TITLE OF CENTIFIED	9 1	04.1.	OL.	29c. LICENSE NUI	MBER	29d. DATE SIGNE	ED (Month, Day, Year)
Druce 11-114	way MO -	MITTENdin.	g rnys.	02	861	► 4/1	6/40
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	de)				
McCurdy		1	311 Fr	ancis Av	e. Baltimor	e Md.	21227
ADD 1 0 1000	4. P. HEGISTRAR'S SIGN	ATURE					
APR 18 1990 💤	and mentions - Nous	AL INC.					

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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	RTMENT	OF H	EALTH DEAT	AND I	MENTA	L HYGIENI REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)									OF DEATH		3.	TIME OF OEATH
	ALBERT VINCE SE	HIMKAVEG							MONT	- 10	90	5ª	2:40 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1		IF UNDER		7. DATE	OF BIRTH	8.	BIRTHPLA Country)	CE (State or Foreign
	216-03-6554	75 YRS. MONTHS DAYS HOURS MIN. 10					10/	h, Day, Year) 8/14	M	aryla	ınd		
	9e. FACILITY NAME (If not institution, give			9b. CITY, 1	TOWN C	R LOCATIO	ON OF DE	ATH		9c. COUNTY	OF DEATH	4	
8	Jenkins Memorial			Ва	lti	more							
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	· · ·	10c. CITY, TOWN OR LOCATION								140	I. INSIDE CITY	
E				8			ION						LIMITS?
9		imore		Ar	butus	_							YES 2 NO
Z.	10e. STREET AND NUMBER					101	ZIP COOE				1.10		COUNTRY?
Ü	1006 Circle Driv						2122	7				S.A.	
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 X Married	12. WAS DECEDEN	T EVER IN U.S. A	RMED NO						N? (Specify Yee Rican, etc.)	or No— 14	Black, WI	Americen Indien, hite, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE V					2 NO					Specify:	
	15, DECEDENT'S EDU		II	ECEDENT'S	USUAL OC	CHARATIC	i i		400	b. KIND OF BUS	ALECO (INDIA)		White
	(Specify only highest grad	e completed)	(3	Give kind of e. Do NOT u	work done du	uring mo	at of workin	g	101	s. KIND OF BOS	INESS/INDOS	ini	
2	Elementery/Secondery (8-12) 10th grade	College (1-4 or 5	+)		,					Union			•
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Estimater Hajo				Hajoc					
	Felix Shimkaves	r		Helen Douydaitis									
BE	19s. INFORMANT'S NAME (Type/Print)	5	T.	19b. MAILING ADDRESS (Street end Number or Aural Acute Number, City or Town, State, Zip Code)									
임	Margaret Shimkay	700	- 1								007		
.	20a. METHOD OF DISPOSITION	reg			1006 Circle Drive Arbutus, Maryland 21227 F DISPOSITION (Name of cometers, cremetory or 20c, LOCATION — City or Town, State								
	1 XBuriel 2 Cremetion 3 Ren	noval from State	other p	vlace)				,					
	4 Donetion 5 Other (Specify)	actions.	_ St.	Stani	tanislaus Cemetery Baltimore, Mar							yland	
	21. SIGNATURE OF FUNERAL SERVICE L	II A A								lome, I	20		
	17. Tleas	lolan								Balt		MD	21229
	23. PART i. Enter the diseases, or												Approximata
	shock, or heart fallure.	List only one car	use on aach iin	a.									interval Batween Onsat and Daeth
I I	disease or condition	MOTO	11-106	20 0 1	(, , ,	-	1		/	lano	1,00	-11 -0 -0	500-11,000 - 900
1	resulting in death)	a. LV LV CO	(OR AS A CONS	EOUENCE C	26 (((((((((((((((((((21	CICO	Uting	استاهد	ano		a de s	
-	_	-			•								
ō	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSI	EOUENCE C	OF):								
Ä	cause. Enter UNDERLYING												
프	CAUSE (Disease or Injury that initiated evants	DUE TO	(OR AS A CONSI	EOUENCE C	OF):								
CERTIFICATION	reaulting in death) LAST	d											
핑		u											
AL	PART ii. Other aignificant condition	ns contributing to	death but not	reaulting	In the und	iarlyln	cause o	given in	Part i.	24a, WAS AN PERFOR		AW	RE AUTOPSY FINDINGS ALLABLE PRIOR TO
MEDICAL										1 TYES 2	TUNG		MPLETION DF CAUSE DEATH?
ME												1	YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, date end place, and due to the cause(e) end menner as stated.

28b. TIME OF INJURY

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated.

28c. INJURY AT WORK?

1 YES 2 NO

28. PLACE OF OEATH (Check only one)

Home 5 - Residence 6 - Other (Specify)

28d. OESCRIBE HOW INJURY OCCURED

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 01786 14-17-90

OTHER:

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH TEM 27) (Type, Print)

Baltimore, Md. 21229 3455 Wilkens Avenue Gallager, M.D.Laurence R.

31. DATE FILEO (Month, Day, Year)

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 AO

8 Could not be

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

32. REGISTRAR'S SIGNATURE

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA

28e. DATE OF INJURY (Month, Day, Year)



and the state of the state of the

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		CI	RTIF	ICAT	E OF	DEAT	TH .		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
JUDITH ANN SMITH								MONT 4	15	90	YEAR	6:15 P.M. M
4. SOCIAL SECURITY NUMBER 5	. SEX	8. AGE (in yrs. les	t birthday)		ER 1 YEAR	IF UNDER			OF BIRTH h, Day, Year)		8. BIRTI	HPLACE (State or Foreign
213-36-6435	□ M 2 🔀 F	51	YRS.	MONTHS	DAYS	HOURS	MIN.		7/39			yland
9a. FACILITY NAME (If not institution, give street	t and number)			9b. CIT	TY, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	INTY OF E	DEATH
St. Agnes Hospital					Balt	imor	:e					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y. TOWN	OR LOCATI	ON						10d, INSIDE CITY
Maryland Balti	more		Τ.,	aned	lowne	1000					LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER	LINOLC			ansu		ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?
118 Clyde Avenue		2	1227			11	.S.A					
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. W						NDENT O	F HISPAN		N? (Specify Yes		14. RAC	E — American Indian.
1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					It yea, spe				Rican, atc.)		Spec	ck, White, etc.
3 Wildowed 4 Divorced				<u> </u>								White
15. DECEDENT'S EDUCAT (Specify only highest grade co.		(G		work done	OCCUPATIO e during mos		g	188	. KIND OF BUS	SINESS/IN	DUSTRY	
	College (1-4 or 5+))	memal		.)							
6th Grade 17. FATHER'S NAME (First, Middle, Last)		по	шеша	Ker								
Edward Hartlove									Middle, Maiden	Sumame)		
19a, INFORMANT'S NAME (Type/Print)		-10	h MAILING	AOORE	RE (Street or				ngton ber, City or Tow	a Ctata 70	in Cadal	
Richard Smith									, Mary		,	227
20s. METHOD OF DISPOSITION		20b. PLACE										Town, State
1 St Burist 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	I trom Stata	other pl	ace)		d Cer							ty, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /	1.1	//	22	2. NAME AN	D ADDRES	SS OF FA	CILITY			L CI	Ly, Halyland
101900	1 (ADIX							ome, I			
	-1	1 11										
	anticolina of	James Land	1	_			ens .					
23. PART I. Entar tha diseases, or cor shock, or haart failure. Lis	nplications ties	se on each lips	th. Do	_								Approximate interval Batwean
shock, or haart fallure. Lis iMMEDIATE CAUSE (Final	nplications the	se on each line	oth. Do	_								Approximate
shock, or haart fallure. Lis	et only one caus	ard ic	<u> </u>	not ante								Approximate interval Batwean
shock, or heart fallure. List IMMEDIATE CAUSE (Final disease or condition	et only one caus	counsed the dese on each line	<u> </u>	not ante								Approximate interval Batwean
shock, or haart failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO	ard ic	OUENCE O	Ar Pri:								Approximate interval Batwean
shock, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) a	DUE TO	OR AS A CONSE	OUENCE O	Ar Pri:								Approximate interval Batwean
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31. DATE FILED (Month, Day, Year)
APR 1 8 1990

the state of the s

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH WONTH 3. TIME OF DEATH 90 972)A. W FUNDER 1 YEAR IF UNDER 24 HHS. 7. DATE OF BIRTH CIAYS 1 1002 1 10 director, page 5 should be detached for use as the burisi-transit permit. Pages 1, 2, 3 should St. COPY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDEN 10c. CATY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 Ler T VER 2 1 WWO FUNERAL 10f. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21144 death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED, 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-RACE — American Indian, Black, White, Atc. FORCES? 1 YES 2 IF YES, GIVE WAR ON DATES 3 1 700 If yes, specify Cuban Mexican, Puerto Rican, etc.)

1 YES 2 Specify: T Never M BY 3 Widowed 4 T Divorced 16s. DECEDENT'S USUAL OCCUPATION
(USE kind of work done during most
(My Go NOT use retired.) COMPLETED IS. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade o coodby (0-12) College (1-4 or 5+) 0 ma онсе. notified at BE 2 Z must Cremation 3 (2) examiner funeral i completely filled in by the last completely for incremental and property. us after medical 23. PART I. Enter the diseases, or complications that caused the death. Do not e mode of dying, such as cardly Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final butruler Onset and Death cremation, 4 disease or condition resulting in death) fraumatic event, requires that the death conflicate be executed within DUE TO (OR AS A CONSEQUENCE OF) ælurl. n and com to bortal, rousleur CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO JO! AS A CONSEQUENCE OF has been signed by the attending physician Dept. of Health and Mental Hygiene prior to recen sch cause. Enter UNDERLYING CAUSE (Disease or Injury other ! DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 8 Injury. DIVISION OF VITAL RECORDS, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. BY PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 DATE 1 YES 2 NO THE HOSPITAL OR ATTENDING PHYSICIANT THE INV THE FLINEBAL DIRECTOR. After this confricte has be filed within 72 hours after death with the State OpportPANT. If them 28 is marked, or item 23 s 25. WAS CASE REFERRED TO MEDICAL 36. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER 4 Number HT 2 - ER/Outpetient 3 - DOA 6. Other (Specify) 17. MANNER OF DEATH 28s. DATE OF BUJURY 28c. WJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 W Natural 5 Pending 1 YES 2 NO 2 Accident Investigat 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 🗍 Suicide 28f. LOCATION (Sheet and Number or Farel Roots Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicida 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and menoer as stated TO THE HOSPITA TO THE FUNESIA De filed within 72 IMPORTANT. II ared at the time, data and place, and due to the cau 29d. DATE SIGNED (Month, Day, Mar) 296. SIGNATURE AND THILE OF GERTIE BE 83 25 90 2 30, NAME AND ADD GEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Friday APR1 81990

permit. Pages 1, 2, 3 should

TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a reform after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and physician and find in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Metrial hygberie prior to burker, crementing, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	TO THE	pe filed	IMPOR

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM ERTIFICA	ENT OF H	EALTH AND I	MENTAL HYGI			
į,	1. DECEDENT'S NAME (First, Middle, Last)	1 Salar	į.			2. DATE OF OEAT		YEAR	3. TIME OF OEATH
i	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In vrs. le				4-	15-	90	1000 H M.
	4 - 4 1	SEX 6. AGE (In yrs. let	YRS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	7 3	Country)	LACE (State or Foreign
1		and number)	9b.	сіту томун о	R LOCATION OF DE	ATH)	9c. COL	UNTY OF DEA	
OR	Sinai Ha	spital		Va	10,1	nd 212	5		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	7	10c. CITY, TO	WN OR LOCAT	ION			1	IOd. INSIDE CITY
DIR	Maryland		Bal	timor	e			,	LIMITS?
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CI	TIZEN OF WH	IAT COUNTRY?
FUNERAL	4203 ROLANDVIE				2122			USA	
	11. MARITAL STATUS 12 1 Never Merried 2 Married	!. WAS DECEDENT EVER IN U.S. AI FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR DATES	NO	If yes, spe	city Cuban, Maxica	NIC ORIGIN? (Specifi in, Puerto Ricen, etc.		Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	TES, GIVE WAR ON DATES		1 🗆 163	2 NO Specify	γ:		Specify.	BLACK
	15. DECEDENT'S EDUCATION (Specify only highest grade corr	npleted) (G	ECEDENT'S USU Give kind of work	done during mos		18b. KIND OF	BUSINESS/IN	IDUSTRY	
E	Elementary/Secondary (0-12)	college (1-4 or 5+)	a. Do NOT use ret	red.)					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Ma	iden Surname)		
BE C	JAMES SCALES				RUTH	ANN SCA	ALES		
5	19a. INFORMANT'S NAME (Type/Print)	19				Route Number, City or			
	VIVIAN SCALES 208. METHOD OF DISPOSITION	20h BLACE			DVIEW A		LOCATION -		
	1 X Burial 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State other p	TUS M						MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AN	D ADDRESS OF FA	CILITY			
	* Leroy () Kuutt				ETT & S Y HEIGH			
	23. PART I. Enter the diseases, or com	pilcations that caused the d	eath. Do not						Approximate Interval Between
	IMMEDIATE CAUSE (Finel	CARINO	Man.	0 1 1	AMOS	2			Onset end Death
	disease or condition resulting in death) a	OUE TO (OR)AS A CONSE	// 7UP\/	tiol	11112	71			
_		AZUTO,	MITO	And	ist	MANC	tor	1	İ
5	Sequentielly list conditions, if any, leading to immediate	THE TO (OR AS A CONSE	OUENOE OF):	1-	panl	10 VASI	1/2	20/	
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	1ero	hC	CATYU.	ONSC	UN	ald	use_
CERTIFICATION	that initiated events resulting in death) LAST	To forthe A delice	OULIVOL OI).						į
	PART II. Other significant conditions of	contributing to death but not	reculting in th	o undodular	r souss short la	Dard I Dec 100	S AN AUTOPS)	V 1045	WERE AUTOPSY FINDINGS
CAL		ebal VAX				PE	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	3,000	0.1-0			1	1 1 1	S 2 A NO	- 1	OF DEATH?
Z .:									
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PL	ACE OF OEATH (Ch	neck only one)			
IXSI		☐ Inpatient 2 ☐ ER/Outpatient	3 DOA 4	Nursing Hom		6 Other (Specify			
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	VES 2 NO	28d. OEŞCRIBE H	OW INJURY O	CCURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, stree			2af. LOCATION (S City or Town,	treet and Numb	er or Rural Ro	oute Number,
	4 Homicide determined	bunding, etc. (Specify)				City or lown,	State)		
COMPLETED	Conton only	N: To the bast of my knowledge, d							
00	2 MEDICAL EXAMINER:	On the basis of examination and/or	r investigation, is	n my opinion, d	eath occured at the	time, data end plac			
BE	296. SIGNATURE AND TITLE OF CERTIFICA	MPU MD			29c. LICENSE NU	MBER 7960	29d. D/	TE SIGNEO	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED/CAUSE OF OEATH (IT)	EM 27) (Type, Prin	11)	121	000	1.10	7/1	/110
	CHRISTOPHER	DIKEARY	vey i	MD	100 1	NAOH B	SIVL	BA	LIMD
	31. DATE FILEO (Month, Day, Year) APR 1 8 1990	32 REGISTRAR'S SIGNATURE	ndella					2	230

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIFI	TMENT OF I	HEALTH AND	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Lest)	OKES						3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 226-22-7486	5. SEX 6. A	GE (In yrs. lest birthday) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/17/18		BIRTHPLACE (State or Foreign Country) 'irginia
98. FACILITY NAME (If not institution, give s LIBERTY RESIDENCE OF DECEDENT	EDICAL I	CENTER	9b. CITY, TOWN BACT	MORE	EATH	9c. COUNTY	OF DEATH ACT I MORE
10e. STATE 10b. COUNT MARYLAND	Y		Y, TOWN OR LOCA	DRE CITY	7		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10s. STREET AND NUMBER				f. ZIP CODE			OF WHAT COUNTRY?
3001 GARRISON 11. MARITAL STATUS 1 □ Never Merried 2 □ Merried 3 ☑ Widowed 4 □ Divorced	BOULEVARI 12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR O	ER IN U.S. ARMED	If yes, s		NIC ORIGIN? (Specify Year, Puarto Rican, atc.)	1	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during m		18b, KIND OF BU	SINESS/INDUST	TRY
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maider	Sumame)	
WILLIAM I	BLACKWALL	465 444 414	ADDRESS (C)		RA BLACKV		
JAMES STOKES				end Number or Rural PER AVEI	NUE APT.		21239
20a. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Rem		20b. PLACE OF DISPOS other place)				CATION — City	
4 Donation 5 Other (Specify)						LAURE	L. MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LI	Ohle	tell	LERO 4600	LIBER	YETT & SO	S AVE	
23. PART I. Enter the diseases, or shock, or heart fillure.	complications that cau List only one cause	each line.	not antar tha m	oda of dylng, suc	ch as cardiac or resp	oiratory arreat	Interval Batween
IMMEDIATE CAUSE (Final disease or condition resulting in death)	8	SERSIS					Onset and Death
	b	NEUMOI	•				
Sequantisity list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	C	AS A CONSEQUENCE OF					
PART II. Other aignificant condition	ns contributing to dea	th but not resulting	In the underlyi	ng cause givan in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
					_		OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (C	heck only one)		
1 TYES 2 NO 27. MANNER OF DEATH	1 Ampatient 2 ER/		4 - Nursing Ho	me 5 🗆 Realdence	8 Other (Specify)	IN ILIEN COCKE	250
1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Ye	ear) BN.	JURY W	ORK? YES 2 NO			
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF IN. building, etc.	IURY — At home, farm, (Specify)	atreet, factory, offi	ca	28f. LOCATION (Street City or Town, State		Rural Route Number,
CONTROL ONLY	ER: On the best of my i						ause(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIC	mo me	dical House	Physia	29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	AMB	. 0		ICAL (CENTER		
APRI 81990	A2 REGISTRAR'S	SIGNATORIAL					

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BALTIMORE, MARYLAND 21203-3146	taine	shoul
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		ely fill in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely im., in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely thms, in by the fu be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	njury, or other traumatic event, the me
TTENDING PHYSICIAN: The law requires that the	TOR: After this certificate has been signed by after death with the State Dept. of Health and	28 is marked, or item 23 shows any in
TO THE HOSPITAL DR AI	TO THE FUNERAL DIREC	IMPORTANT: If Item

E	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGI	ENE
STRAR	CERTIFICATE OF DEATH REG.	NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND NATE OF DEATH	MENTAL HYGIENE REG. NO.	
i	1. DECEDENT'S NAME (First, Middle, Last) Willie Rooses	velt Scott, Sr.		2. DATE OF DEATH DAY	year
			UNDER 1 YEAR	7. DATE OF BIRTN	8. BIRTNPLACE (State or Foreign
į	245-10-8688A 12	M 2 F 75 YRS.	THE DAYS HOURS MIN.	(Month, Day, Year) 2/12/1915 ATH 9c. COL	N. Carolina
OB B	800 Lyndhurst A	conemi.	Baltimore C		Maryland
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d, INSIDE CITY
FUNERAL DIRECTOR	Maryland	Ва	ltimore City		LIMITS? 1 TO YES 2 NO
3AL	10e. STREET AND NUMBER		101, ZIP CODE	10g. CI	TIZEN OF WHAT COUNTRY?
NE I	800 Lyndhurst A	AVENUE . WAS DECEDENT EVER IN U.S. ARMED	21229	HC ORIGIN? (Specify Year or No	USA 14. RACE — American Indian,
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexican 1 YES 2 NO Specify	n, Puarto Rican, atc.)	Black, Whita, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12)	ON pleted) 16s. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINESS/IN	
WO	17. FATHER'S NAME (First, Middle, Last)		16. MOTNER'S NA	ME (First, Middle, Maiden Sumame)	
BE C	Unknown			Williams	
10	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural F		
	Willie R. Scott		vndhurst Ave		ore, MD 21229 - City or Town, State
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	trom State other place) Loudon P	ark Cemetery		sville, MD
	21. SIGNATURE OF PUNERAL SERVICE LICENSI	o bountt		ett & Son Fi	
	23. PART I. Enter the diseases or com	plications that caused the daeth. Do not	antar the mode of dying, such	v Heights Av	rrest, Approximata
	immediate cause (Finel disease or condition resulting in death)	only one cause of each line. Metahah	lung	Careino disea	Interval Between Onset and Death
		DUE TO (OR AS A CONSEQUENCE OF):	an AM	Dise a	0.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):	107	Was C	
CAT	cause. Entar UNDERLYING CAUSE (Disease or Injury	ang	189	4/1/	
RTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF)	wemo		
	G	ontributing to death but not resulting in t	A		Y 24b, WERE AUTOPSY FINDINGS
CAL	PART II. Other aignificant conditions of	ontributing to death but not resulting in t	na underlying ceuse given in	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC				1 YES 2 TNO	OF DEATH?
N.					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL: O	26. PLACE OF DEATH (Ch	eck only one)	
HYSI	1 TYES 2 NO 10		☐ Nursing Home 5 ☐ Residence	6 ☐ Other (Specify) 28d, DESCRIBE HOW INJURY O	OCCUREO
	1 Natural 5 Pending	(Month, Day, Year) INJUR	WORK? M 1 YES 2 NO		
COMPLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, stre- building, etc. (Specify)	et, factory, office	28f, LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge, deeth occurred a	at the time, data and place, and dur	to the cause(a) and manner as s	teted.
MO	one)	On the Mala of examination and/or investigation, i	n my opinion, death occured at the	time, date and place, and due to	the cause(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	laus m	29c. LICENSE NUI	1322 D	ATE SIGNED (Mgnth, Day, Hoer)
10	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (THIN 27) (Type, Pro	EED CLASS M.	D Jan Ma	iden Choice Lawe
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE	The State of the	7. 100 111	THE RHIVE
	APR1 81990	State Dundran- garden			

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notif
10	e fi	MP
-	2	-

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR				D MEI	NTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest PETER	Ε.	SANT	ONT				DATE OF DEATH DAY		AR ,	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 Y	YEAR IF	UNDER 24 HR	s. 7.1	DATE OF BIRTH	8.	BIRTHPLA	NCE (State or Foreign
	215-07-4038	XX M 2 □ F 79	YRS.	MONTHS E	DAYS HO	DURS MIN		(Month, Day, Year) 5-3-1910	1 1	Country)	land
	9a. FACILITY NAME (If not institution, give			9b. CITY, T	OWN OR L	OCATION OF			9c. COUNTY		
FUNERAL DIRECTOR	2901-C Conroy	Court		Park	vil	1e			Balt	imo:	re Co.
EC	10a. STATE 10b. COUN	TY	10c. CIT	Y, TOWN OR	LOCATION	ı				100	d. INSIDE CITY
PI	Maryland Balt	imore Co.	Pa	rkvi1	.1e					1[LIMITS?
AL	10e. STREET AND NUMBER				10f. ZII	P CODE			10g. CITIZEN	OF WHA	T COUNTRY?
ER	2901-C Conroy	Court			21	234			U.S.	Α.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED					PRIOIN? (Specify Yea Jarto Rican, stc.)	or No- 14.	RACE - Black, W	American Indian, hita, stc.
BY	1 Never Married 2XXMarried 3 Widowed 4 Divorcad	IF YES, GIVE WAR OR DA	ATES			No sp		11021, 200,		Specify:	
	15. OECEDENT'S ED	DUCATION	16a. DECEDENT'S	I ISUAL OCC	LIPATION			16b, KINO OF BUS		hite	e
COMPLETED	(Specify only highest gra-	de compléted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done dur	ring most o	f working		los, rano or pos			
P	12 Years		Salesn	nan				Liquor			
ON	17. FATHER'S NAME (First, Middle, Last)				18	. MOTHER'S	NAME (First, Middle, Maiden S			
BE C	Antonio	Sant				Siaci				gil	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	Street and	Number or Ru	ral Route	Number, City or Town	, State, Zip Co.	de) 2	1234
-	Lena M. Santon					<u> </u>		Baltimo			
	20a METHOD OF DISPOSITION XX Burtal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	other place)					GarCocl	ATION — City		
	21. SIGNATURE OF FUNERAL SERVICE		alley	22. NA	AME AND	ADDRESS OF	FACILIT	TY			
	16/10	2/1/	/	Wil	lia	m E.	Jo]	hnson,P			
	1 com	- 4-				_	_				MD 21204
	23. PART I. Enter the diseases, o ahock, or heart feilure	e. List only one cause on a		not anter tr	ne mode	of dying,	such es	cardiac or reapli	atory arrest	•	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition		1,,	. 0							Onset end Deeth
	resulting in death)	a. OUE TO (OR AS A	CONSEQUENCE		un						Lycs
Z	0	b	_	_							
CERTIFICATION	Sequentielly list conditions, if any, laeding to immediata cause, Entar UNDERLYING	OUE TO (OR AS A	CONSEQUENCE)F): 							
5	CAUSE (Disease or Injury	C. OUE TO (OR AS A	A CONSEQUENCE O	HF):							
Ē	that initiated events resulting in death) LAST	2									
CE		, d									
CAL	PART II. Other algnificant condition		out not resulting	41			in Par	t I. 24a. WAS AN PERFOR		AM	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO
		Coronsy	many	VIL	ماد	_		1 YES 2	D NO		MPLETION OF CAUSE DEATH?
ME			4							11	YES 2 NO
PHYSICIAN: MEDI											
100	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:		E OF DEATH	(Check o	only one)			
1YS	1 YES 2 NO	1 Inpetient 2 ER/Outs 28e. DATE OF INJURY	patient 3 DOA 28b. Til		ec. INJUR		4	d. DESCRIBE HOW IF	HIER COOLE	50	
	1 Natural 5 🗀 Pending	(Month, Day, Year)		JURY	WORK	2 🗌 NO	- 1	a. DESCRIBE NOW II	NORT OCCUR	EO	
84	2 Accident investigation 3 Suicide & Could not b	28e. PLACE OF INJURY	f — At home, farm,				\rightarrow	f. LOCATION (Street a	nd Number or	Rural Rout	e Number.
COMPLETED	4 Homicide S Could not b	building, etc. (Spec	clfy)					City or Town, State)			
S.E.	29a. CERTIFIER 1 CERTIFYING PHY	/SICIAN: To the best of my know	riedge, death occur	red at the tim	ne, data an	d place, and	due to t	he cause(s) and man	ner as stated.		
OM	onel	NER: On the basis of examination								suse(a) ar	nd manner as stated.
	29b. SIGNATURE AND TITLE OF CENTIF	IER /	14		21	e. LICENSE	NUMBE	R	29d. DATE S	NED (M	ontili, Day, Year)
3 BE	Gregory 1.	There is	VD			1)25	66	2	D 41	17	190
2	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)	11	v			/		
	330° N	Lawren	000	d	216	2					
	31 APR 18 1990	full Printing	Hartania.								

1997 July Marchaeller

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should II.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hospital or attending physician.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

10443 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 543, 5 miTh James OM 4 90 A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 | F YRS. Columbia, SC 250-10-3711 9a. FACILITY NAME (If not institution, give atreet and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Leland Memorial Riverdale HOSPITA. FUNERAL DIRECTOR come RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY m) MYATTSVILLE 1 YES 2 NO 10e. STREET AND NUMBE 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20783 6500 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY 3 Wildowed 4 Divorced lack Yes (Army) COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Yr 12Yrs Governmental (CIA) notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Olive Daniels George Smith 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 313 Tillman Ave., Lawnside, NJ 05045 Ruthine Stroman 99 20e. METHOD OF DISPOSITION

#XXBurlet 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) _ . . . 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION -- City or Town, State must Ft Lincoln Brentwood, Md John T Rhines Co examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY 3015 12th St NE, DC 20017 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. Approximete Onset and Death IMMEDIATE CAUSE (Fine) the disease or condition Myocardia minutes reaulting in death) teriors devote YEAW Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) H any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO US & Tructive COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 ☐ Inpetient 2 € ER/Outpetient 3 ☐ DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO NIA 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide determined 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beele of examination investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) end manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER Deputy Medical 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 xamine, (ITEM 27) (Type, Print)

QUEENS BUNG

WHO COMPLETED CAUSE OF DEATH

32. REGISTRAR'S SIGNATURE

Sula Davidson

31. DATE FILED (Month, Day, APR1

81990

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Thin	MPSON			2. DATE OF DE	ATH DAY	GEAR)	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (II	n yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,)	bar)	6. BIRTHP Country)	
	213-22-0169 9a. FACILITY NAME (If not institution, give str	0,		CITY, TOWN OF	R LOCATION OF DE	5-1-22		Mary	7land
CTOR	RESIDENCE OF DECEDENT	1	SPITAL	CLI	MOZON		PRI	MCE	GEORGES
DIRE	Maryland Prince	e Georges		own or Locate					10d. INSIDE CITY LIMITS? 1 YES 2 NO
3AL	10e. STREET AND NUMBER				ZIP CODE			IZEN OF WI	HAT COUNTRY?
JNE	4504 Cedell Place	E 12. WAS DECEDENT EVER IN	U.S. ARMED	-	20748 NDENT OF HISPAN	IIC ORIGIN? (Spec			States - American Indian
BY FUNERAL DIRECTOR	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, spec	cify Cuban, Mexica 2 X NO Specify	n, Puerto Rican, e		Specify	- American Indian, White, etc. Lack
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Domestic	done during most tired.)	t of working		CO. (
OMP	12th 17. FATHER'S NAME (First, Middle, Last)		Domestic	; 	18. MOTHER'S NAI			30 V L	•
BE C	James	Woodla	nd		Mabel L				
10	19a. INFORMANT'S NAME (Type/Print) Louis B. Thompson	n-Husband			d Number or Rural F 1. Temp1			/	
	20a. METHOO OF DISPOSITION **XX**Buriel 2	wal from State	PLACE OF DISPOSITION Other place)				Laurel,		111
	21. SIGNATURE QE, FUNERAL SERVICE LICE		II J I GII G	22. NAME AN	ADDRESS OF FA	CILITY			
	· aley S. Y	ope fr.		261	xander S 7 Pa. Av	e. S.E.	Wash,I	C. 20	
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused List only one cause on as	beelu	antar the mod	le of dying, such	lurl	reapiratory as	rest,	Approximata interval Between Onset and Daath
TION	Sequentially list conditions, if any, leading to immediate								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	Enter UNDERLYING E (Disease or injury due to (or as a consequence or):							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	PERFORMED? 1 VES 2 NO DF						WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL/	NCE OF OEATH (Ch	eck only one)			
rsic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Output		THER: Nursing Home	5 🗆 Residence	& Other (Speci	fy)		
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WOR	RY AT RK? ES 2 NO	28d. DEŞCRIBE	HOW INJURY O	CURED	
TED BY	2 Accident investigation 3 Sulcide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Speci		et, factory, office		261. LOCATION (City or Town	Street and Number, State)	or Rural Ro	oute Number,
COMPLETED	one)	CIAN: To the best of my knowle							and manner as steted.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	althan			29c LICENSE NUM	605	29d. DA	TE BIGNED	Year)
	30. NAME AND ADDRESS OF PERSON WHO	J COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prir	nt)				58. S	
	31. DATE FILED (Month, Day, Year) APR1 81	32. REGISTRAR'S SIGNA	Trundson Ran	delle					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atten be filed within 72 hours after death with the State Dept. of Health and Mental I IMPORTANT: If item 28 is marked, or item 23 shows any injury, or

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		is 1, 2, 3 should	
-3146	ding physician.	Hygiene prior to burial, cremation, or removal.	
BALTIMORE, MARYLAND 21203-3146	h certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	should be detached for use as	otified at once.
BALTIMORE, M	after death. Page 6 may be n	y the funeral director, page 5 noval.	or other traumatic event, the medical examiner must be notified at once.
3146,	ecuted within 24 hours	inding physician and completely filled in by the fune Hygiene prior to bunal, cremation, or removal.	stic event, the medi-
.O. BOX 13146,	h certificate be ext	nding physician al Hygiene prior to b	or other trauma

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENE REG. NO.		
1. OECEDENT'S NAME (First, Middle, Last) DOC	М.	WASHII	NGTON		2. DATE OF DEATH MONTH 1 PAY	9 XEAR	3. TIME OF DEATH
4, SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
213-07-0058	1 □ M 2 □ F 8:	Z YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9 - 7 8 - 0 8		VA.
9a. FACILITY NAME (If not institution, give s		5		OR LOCATION OF O		9c. COUNTY OF	DEATH
1915 CECIL AVE	NUE		BALTII	MORE CI	TY		
10a, STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
MD		BAI	GTIMOR.	E $CITY$			A P YES 2 □ NO
10e. STREET AND NUMBER		i e	4.353	ZIP CODE			F WHAT COUNTRY?
1915 CECIL AVE				21218		US.	
11. MARITAL STATUS 1 Never Married 27.7 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 0 110	If yes, sp		NIC ORIGIN? (Specify Year an, Puerto Rican, atc.) y:	BI	ACE — American Indian, acc, Whita, atc.
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US	rk done durina mo	ON est of working	16b. KIND OF BUSI	INESS/INDUSTRY	,
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	- 27			
NA		BETHLE	HEM SI	TEEL CO.		\\	
17. FATHER'S NAME (First, Middle, Last) JOHN H. WAST	זאר און מייים זאר דעד			HARRIE:	ME (First, Middle, Meiden S רוו רוו		TAMEC
19a. INFORMANT'S NAME (Type/Print)	TINGI ON	19b. MAILING A	DDRESS (Street a		T'T' Route Number, City or Town,		TAMES
	SHINGTON				/BALTIMOR		
AND METHOD OF OPPOPITION	200	PLACE OF DISPOSIT				ATION City or	
4 Donation 5 Other (Specify)	noval from Stata	cther place) EDAR HI	LL CEM	<u>IETERY</u>	ANN	E ARUN	NDEL CO. MD
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AI	ND ADDRESS OF FA	CILITY		Disk and Cold St.
23. PART I. Enter the diseases, or	Wane	2					NORTH AVE.
	List only one cause on a						intervel Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF)					
PART II. Other algnificant conditio	na contributing to death b		the underlyin	g cause given in	Part I, 24e. WAS AN / PERFORI 1 YES 2	MED2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	engr	OTHER:	LACE OF DEATH (C			
1 YES 2 NO 27. MANNER OF DEATH 11 Netural 5 Pending	1 ☐ Inpatient 2 ☐ ER/Out	28b. YIME	MA. MA	JURY AT	6 Other (Specify) 28d. DE\$CRIBE HOW IN	NJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY	f — At home, farm, at		YES 2 NO	26f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
(Greek only	SICIAN: To the best of my know						se(a) and manner as stated.
296. SIGNATURE AND TITLE OF CENTIFIE	latsen			29c. LICENSE NU	MBER	≥ 4	NED (Mofith, Day, Year)
30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)				
APR1 81990	12. REGISTRAR'S SIGN	Anders.					

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Last))		7412 01		2. DATE OF DEATH		3. TIME OF DEATH
ULHUID	WIL:	LIAMS					90 M
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yhar) $5-9-19$	8.	BIRTHPLACE (State or Foreign Country) S. C.
	1 DM 2 DF 70						
9a. FACILITY NAME (If not institution, give str				R LOCATION OF DE		9c. COUNTY	OF DEATH
1831 NORTH WAS	SHINGTON S	TREET	BAL'	TIMORE	CITY		
10a. STATE 10b. COUNTY		-	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
MD		BAI		E CITY		T	X Ø YES 2 □ NO
100. STREET AND NUMBER 1831 NORTH WAS	עדאמייטאו פיי	יידיק		. ZIP CODE 121:3			OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER II				HC ORIGIN? (Specify		SA
1 Never Married 2 Married	FORCES? 1 YES	DI DNO	If yes, sp		n, Puerto Rican, etc.)		. RACE — American Indian, Black, White, etc.
3 € Widowed 4 Divorced							Specify: BLACK
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US	SUAL OCCUPATION rick done during moderation retired.)	ON st of working	16b. KIND OF E	BUSINESS/INDUS	TRY
Elementary/Secondary (0-12) 10th Grade	College (1-4 or 5+)						
17. FATHER'S NAME (First, Middle, Last)		House 1	neeper	16. MOTHER'S NA	ME (First, Middle, Maid	len Surname1	
THOMAS	CHURCH	WELL			C. HUNT	on ouriency	
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street a		Route Number, City or 1	lown, State, Zip Co	ode)
SHIRLEY DA.	NIEL	1831	NORTH	WASHING	TON ST.	/BALTO	. MD 21213
20a. METHOD OF DISPOSITION 7] ☑ Burial 2 ☐ Cremetion 3 ☐ Remo	20t	o. PLACE OF DISPOSIT	TION (Name of cer	netery, crematory or		LOCATION — CIT	
4 Donation 5 Other (Specify)		BALTIMOI	_			ALTIMC	DRE, MD
21. SIGNATURE OF FUNERAL SERVICE	ENSEE	0	22. NAME AI	ND ADDRESS OF FA	CILITY		
1124/83W	Charle	rael	WM.C.	MARCH	F.H. 1	101 E.	NORTH AVE.
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reculting in death)	DUE TO (OR AS)	A CONSEQUENCE OF):		, 5			Onset and Death
PART ii. Other algnificent conditions	s contributing to deeth t	out not resulting in	the underlyin	g ceuse given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C/	eck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER: 4 \(Nursing Home	ne 5 Residence	6 Other (Specify)		
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		JURY AT DRK?	28d. DESCRIBE HO	W INJURY OCCU	RED
1 Natural 5 Pending Investigation			M 1 🗆	YES 2 NO			
3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, etc. (Spe		reet, factory, offic	:	26f. LOCATION (Sim City or Town, St		Rural Route Number,
conect only	CIAN: To the best of my know						cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	, 0	7		29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)
mul 11	nerel			D38	390	1 4	1-12-40
30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, I		187 /3	Balter	nuel	MD 21202
31. DATE FILED (Month, Day, Year) APR1 81990	32. REGISTRAR'S SIGN		9				

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10447

WILSON. 07/04/55

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF	HEALTH AND		YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF E	31 DAY 1990 Y	3. TIME OF DEATH 6:30 P		
	ERNEST WILSON 4. SOCIAL SECURITY NUMBER		yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.					
	90. FACILITY NAME (If not institution, give	93 1 DPM 2 UF 3 4 YRS.					9c. COUNTY	OF DEATH		
8	THE JONHS HOPKI			BALT1		BALTIMORE CITY				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT							10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER	HINTE CO	4				La arriva	1 FTES 2 NO		
FUNERAL	4221 Delle	AND NUMBER 101. ZIP CODE					log. CHZE	3. A		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 1 NO	If yes, s	CENDENT OF NISPA pecify Cuber, Mexic S 2 NO Speci	en, Pusrto Ricen		RACE — American Indian, Black, White,		
	15. DECEDENT'S EDI (Specify only highest grad		Mia. DECEDENT'S L	ork donsykturing in	ION out of working	16b. KIN	O OF BUSINESS/INDUS	TINY.		
COMPLETED	Elementary Suggest (0-12)	College (1-4 or 5+)	No. Do NOT and	1/4			NH			
BE CO	17. FATY PRINTY NAME (FORE MISSING LAND) 18. MOTHER'S NAME (FORE MISSING MISS									
10	186. MAILING ADDRESS Strong and Number of Runy Rouge Flynology City or Town, Statu, Zip Codyl									
	20s. METHOD OF DISPOSITION 1 Duriel 2 Confection 3 Ren 4 Donation 5 Other (Specify)	novel from State	PLACE OF DISPOSI	TION /Name of or	Ul on de	100	260. LOSSTION — CITY	gr Town, State		
	21, SIGNATURE OF FUNERAL SERVICE L	ICENSEE	C	22, NAME	ND ADORESS OF F	ACILITY 9	FILL A	ue		
_	*/wriell	D. Carr	18.	130	Utra	Re	140 2	1217		
	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final	complications that caused. List only one cause on as		ot anter tha m	oda of dyling, su	ch as cardíac	or reapiratory arrea	intarval Between Onset and Death		
	disease or condition resulting in death)				Erswing					
Z	Sequentially list conditions,	a. DUE TO (OR AS A	CONSEQUENCE OF	phas	6 prot	Street	55 Syndra	of sources on		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	was new								
RTIF	that initiated events resulting in death) LAST									
	PART II. Other significant condition	ons contributing to death by	ut not resulting in	n the underlyi	ng causa givan ir	Part i. 24	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
SICAL	denate	<u> </u>		in the enderry.			PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEC								1 - YES 2 - NO		
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
0		HOSDITAL			PLACE OF DEATH (C	heck only one)				
IVSICI	EXAMINER? 1 YES 2 NO	HOSPITAL Deptient 2 ER/Output 26s. DATE OF INJURY		OTHER: 4 - Nursing Ho	me 5 🗆 Reeldence	6 Other (Sp		NED.		
3Y PHYSICIAN: MEDIC	EXAMINER?	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OTHER: 4 Nursing Ho E OF 28c. IP URY W 1	me 5 Reeldence	6 Other (Sp	pecity) BE HOW INJURY OCCUI	RED		
В	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJI	OTHER: 4 Nursing Ho E OF 28c. IP URY W 1	me 5 Reeldence	6 Other (Sp 28d. DESCRI				
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER Check only 1 CERTIFYING PNY:	26s. DATE OF INJURY (Month, Dey, Year) 28s. PLACE OF INJURY	At home, farm, s	OTHER: 4 Nursing Ho E OF 28c. IP URY M 1 treet, factory, off	me 5 Reeldence 4JURY AT YORK? YES 2 NO	6 Other (Sc. 28d. DESCRI	BE HOW INJURY OCCUI ON (Street and Number or own, State)	Rurel Route Number,		
E COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER Check only 1 CERTIFYING PNY:	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Speci	At home, farm, s	OTHER: 4 Nursing Ho E OF 28c. IP URY M 1 treet, factory, off	me 5 Reeldence 4JURY AT YORK? YES 2 NO	6 Other (Sp. 28d. DESCRI	BE HOW INJURY OCCUI ON (Street and Number or own, State) a) and menner as stated it place, and due to the o	Rurel Route Number,		
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Nefural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	26e. PLACE OF INJURY (Month, Dey, Year) 26e. PLACE OF INJURY building, etc. (Speci	28b. TIME INJU	OTHER: 4 Nursing Ho E OF E OF M 1 treet, factory, off at the time, da n, in my opinion,	INDEX S A Reeldence SUURY AT YORK? YES 2 NO Ice Its end placa, end du death occured at th	6 Other (Sp. 28d. DESCRI	BE HOW INJURY OCCUI ON (Street and Number or own, State) a) and menner as stated it place, and due to the o	Rural Routs Number,		
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Nomicide CERTIFYING PNY: One) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	26a. DATE OF INJURY (Month, Dey, Year) 26a. PLACE OF INJURY building, etc. (Speci	29b. TIMI INJI — At home, farm, s edge, death occurre a and/or investigation	OTHER: 4 Nursing Ho E OF E OF M 1 treet, factory, off at the time, da n, in my opinion,	INDEX S A Reeldence SUURY AT YORK? YES 2 NO Ice Its end placa, end du death occured at th	6 Other (Sp. 28d. DESCRI	BE HOW INJURY OCCUI ON (Street and Number or own, State) a) and menner as stated it place, and due to the o	Rural Routa Number,		
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Speci	29b. TIMI INJI — At home, farm, s edge, death occurre a and/or investigation	OTHER: 4 Nursing Ho EVEN BURY M 1 Interest, factory, off at the time, da n, in my opinion,	INDEX S A Reeldence SUURY AT YORK? YES 2 NO Ice Its end placa, end du death occured at th	6 Other (Sp. 28d. DESCRI	BE HOW INJURY OCCUI ON (Street and Number or own, State) a) and menner as stated it place, and due to the o	Rural Routa Number,		

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10 IME HOUSIAL ON ALLENDING PRINCIPLY: THE LAW INVESTIGATION UNE UNAMED OF WALLENDING AND ALLENDING DINGS OF HEADING DY THE HOUSIAL OF HOUSE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
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	REGISTRAR ECEDENT'S NAME (First, Middle, Lest) LIDIT C TOUN		02/11/11/07	TE OF DEATH	2. DATE OF E	EG. NO.		IME OF DEATH		
	WELLS, JOHN				monty.			03:50 p.m		
		5. SEX 8. AGE (In y	82 YRS. MONT	HE DAYS HOURS MIN.	(Month, Day	7. DATE OF BIRTH (Morth, Day, Year) 02/20/08 8. BIRTHPLACE (State or Foreign Country) Talingis				
	St. Agnes Hosp:		9b. 0	Baltimore			Y OF DEATH	444		
10a.	STATE 106. COUNTY Maryland			wn or Location Baltimore Cit	y			. INSIDE CITY LIMITS? YES 2 \(\square\) NO		
-	STREET AND NUMBER 5366 Carriage Co	ourt		101. ZIP CODE 2122	.9	16g. CITIZI	EN OF WHAT	COUNTRY?		
3 🗆	MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 \(\subseteq YES\) IF YES, GIVE WAR OR DATE		IC ORIGIN? (Specify Yea or No— 14. RACE — American India Black, White, etc.)						
17. 5.	15. DECEDENT'S EDUCA (Specify only highest grade of Sementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	Ga. DECEDENT'S USUA (Give kind of work of life. De NOT-use retin	one during most of working		of business/indu alumanum	STRY			
טיכ ע	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Bûrdie Smith									
0 1	INFORMANT'S NAME (Type/Print) Trgaret Harris			Cannia and Number or Rura			1	1229		
1 20	Margaret Harris 5366 Carriage Court Balto Md 21229 20a. METHOD OF DISPOSITION 1) Buriel 2 Cremetion 3 Removal from State other place) 4 Donation 5 Other (Specify) Western Star Cemetery Balto. Md.									
-	SIGNATURE OF FUNERAL SERVICE LICE		2	2200 Ly Cass of 1	Whera.	l Servic	le.			
IMN	PART I. Enter the diseases, or co- ehock, or haert fellure. Li MEDIATE CAUSE (Final lesse or condition	ist only one cause on eac	h line.	nter the mode of dying, au		or respiratory arre	st,	Approximats interval Betwee Onset and Dea		
	sulting in death) s.	DUE TO (OR AS A CONSEQUENCE OF): Pulmonary emphysema and interstitial fibrosis								
	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):									
Sec if a cau	iny, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):			\$	ļ			
Sec if s cau CAI the res	any, leading to immediate	DUE TO (OR AS A C				\$				
CAU CAU theres	iny, leading to immediate use. Enter UNDERLYING USE (Disease or Injury It initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):	e underlying cause given i	n Part I. 244	PERFORMED?	COI OF	ILABLE PRIOR TO WPLETION OF CAUSE DEATH?		
. DAG	uny, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at initiated events suiting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):			PERFORMED?	COI OF	ILABLE PRIOR TO WPLETION OF CAUSE		
. DAG	was case referred to medical examiner?	DUE TO (OR AS A C	not resulting in the	e underlying cause given i 28. PLACE DF DEATH (t HER: Nursing Home 8 □ Residence	Check only one)	PERFORMED? YES 2 NO	COI OF	ILABLE PRIOR TO WPLETION OF CAUSE DEATH?		
25. V	WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH	DUE TO (OR AS A Contributing to death but	onsequence of): not resulting in the	28. PLACE DF DEATH (C	Check only one)	PERFORMED? YES 2 NO	OF 1	MPLETION OF CAUSE DEATH?		
25. V	was case referred to medical examiner? 1 Yes 2 No Manner of Death	DUE TO (OR AS A Contributing to death but contributing to death contribu	onsequence of): not resulting in the officer of the original of the original officer officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer officer of the original officer of the original officer of the original officer	28. PLACE DF DEATH (there is no second in the second in th	Theck only one) 8 Other (Sp 28d. DESCRIII	PERFORMED? YES 2 NO	OF 1 C	ILABLE PRIOR TO WPLETION OF CAUSE DEATH?		
25. V 27. M 22. M 24. M 25. V 27. M 24. M 25. V 27. M 24. M 25. V 27. M 25. M 25. V 27. M 25. V 27. M 25. V 27. M 25. V 27. M 25. V 27. M 25. V 27. M 25. V 27. M 25. V 27. M 25. V 27. M 25. V 27. M 25. M 25. V 27. M 25. M	WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH Netural 5 Pending Investigation 8 Could not be detarmined CERTIFIER (Check only)	DUE TO (OR AS A CONTRIBUTION OF TO CONTRIBUTION OF	onsequence of: not resulting in the officer of the original of the original officer officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer of the original officer officer of the original officer officer officer officer officer officer officer officer officer officer officer officer officer officer officer officer o	28. PLACE DF DEATH (the state of the state o	Check only one) 8 Other (Sp 28d. DESCRII 28f. LOCATIO City or 76	PERFORMED? YES 2 NO NOCITY) BE HOW INJURY OCCION, Street and Number of wm, State)	OF 1 CURED OF Rural Route d.	ILABLE PRIOR TO WPLETION OF CAUSE DEATH? YES 2 NO Number,		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
APR 18 1990

WILLIAM J. HICKEN, ST. AGNES HOSPITAL, BALTIMORE, MD 21229

Market Market Belleville

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ITEMS:23,27 per ME G-663

90 10449

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY

-	REGISTRAN			OFILI II	IOAIL	01	DEA			EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATN	,	YEAR	3. TIME OF DEATH
ļ	William	John		Whyte								11:50 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF B			8. BIRTN	PLACE (State or Foreign
	006-42-5704	1 😡 M 2 🗌 F	45	YRS.	MONTHS	DAYS	HOURS	MIN.	3/7/	45 ar)		Maii	ne.
- 1	9a. FACILITY NAME (If not institution, give st												
_		,								9c. COU	9c. COUNTY OF DEATH		
6	3440 Ft. Meade Rd. (Laurel East				e1)		La	urel			An	ne A	rundel
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY							40.4 (1)(0)(0) (1)(1)					
2			10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?				
	Maryland Anne Arundel				Laurel			1)			1 TYES 2 NO		
A	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN OF WH			VHAT COUNTRY?		
H	3340 Ft. Meade Road				20810			U.S.A			A.		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR				ARMED 13. WAS DECENDENT OF NISPANI					or No-		E — American Indian,	
	1 Never Married 2 Married	FORCES? 1	X YES 2	NO				nn, Maxicae Specify	, Puarlo Ricar	ı, atc.)		Speci	k, White, etc.
BY	3 Wildowed 4 Divorced		etnam			_ 123	X NO	ареслу				9,000	White
	15. DECEDENT'S EDUC			DECEDENT'S	USUAL OC	CUPATIO	N		16b, KIN	D OF BUS	INESS/INI	DUSTRY	
	(Specify only highest grade	completed)		(Give kind of the Do NOT us	work done d se retired.)	uring mos	st of worki	ng	-				
اچ	Elementary/Secondary (0-12)	College (1-4 or 5 - 4VTS	·)	Servi	ceman				1 11	S	Air	Forc	۵ ا
M		+y15		DELAT	Ceman							1010	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						7.0		ME (First, Middl				
H	Richard V. Whyte								live T				
2	19a. INFORMANT'S NAME (Type/Print)								Route Number, (
=	Thomas Whyte			20 Me	rrill	Ro	ad	Falm	outh,	Main	e 04	105	
	20a, METHOD OF DISPOSITION			CE OF DISPO	SITION (Nat	ne of cen	netery, crei	matory or		20c. LO	CATION —	City or To	own, Stata
	1 X Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata		vary C	emete	rv				Sou	th P	ortl	and, Maine
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22.1	NAME AN	ID ADDRE	SS OF FA	CILITY				
	Hubbard Funeral Home, Inc.												
	> 71. That	Colone			4107 Wilkens Ave. Baltimore, Md. 2122						d. 21229		
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	usa on aach i	ina. ICATIO	DN	une mo	de or dy	mig, acci	i sa cardiac	or reapi	atory at		Approximata interval Batwean Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
岗		d											
اب	PART II. Other significant condition	s contributing to	death but no	ot resulting	in the un	deriyin	g cause	given in	Part i. 24	n. WAS AN		24b	WERE AUTOPSY FINOINGS
EDICAL										YES 2			COMPLETION OF CAUSE
									—] '2	Ç 165 2		- 1	OF DEATH?
Σ									-			- i	1 NES 2 NO
Z		1								1			
ਰ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF I	DEATN (Ch	eck only one)				
YS!	1 X YES 2 NO	1 Inpatient 2	☐ ER/Outpatien	t 3 🗆 DOA			wa 5 🗆 R	Realdence	KX Other (S)	pecify)	mot	<u>:el</u>	
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE Of (Month, I	F INJURY Day, Year)	28b, TII	ME OF	28c. INJ WC	URY AT		28d. DEŞCRI	BE NOW I	NJURY O	CCUREO	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 🔲	YES 2	□ NO					
	3 Suicide 8 Could not be	28a. PLACE (OF INJURY - A	t home, farm,	street, fact	ory, offic	4				nd Numbe	er or Rural	Route Number,
Ē	4 Homicide determined	building	, atc. (Specify)						City or i	own, State)			
Ш	29a. CERTIFIER						1716700						
COMPLETED	(Check only	ICIAN: To the best o											
0	2 (X MEDICAL EXAMINE	on the basis of e	valmination and	Nor investigati	on, in my o	pinion, d	eath occu	urac at the	ume, date end	piace, en	a due to	ine ceuse(s) and menner as stated.
ш	29b. SIGNATURE AND TITLE OF AERTIFIE	11 00					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
00	(Maynet the	your	1					(CME			4/1	7/90
은	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH	(ITEM 27) (Typ	e, Print)								
	Margarita A. Ko	rell. M.	D A	ssista	int			111	Penn S	St.	F	Balto	.,MD.
	31. DATE FILEO (Month, Day, Year)									,	1.	-u = L U	. 4 3 1 TV 8
- 1	ADD 10 1000 1	C. Karidana	Dondall	P.									

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	within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNEGAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should effect within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF WITHE RECORDS, F.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLA		IT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E	10400			
1. DECEDENT'S NAME (First, Middle, Pearl		(loung	2, DATE OF DEATH	14 1990	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	85 YRS. MONTHS	ER 1 YEAR HE UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8/19/04	8. BIRTH Countr We s	t Virginia			
	96. FACILITY NAME (If not Institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH Peninsula General Hospital Salisbury, MD Wicomico								
MD Wo	orcester	10c. CITY, TOWN	an City			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER 12802 Old Bri 11. MARITAL STATUS 1 Never Merried 2 Merried	dge Rd.		101. ZIP CODE 21842		10g. CITIZEN OF WHA				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 750	B. WAS DECENDENT OF HISP/ If yee, specify Cuben, Mexic 1 — YES 2 X NO Speci	can, Puerto Rican, etc.)	Black	E — American Indian, k, White, etc. My: White			
15. DECEDENT'' (Specify only highest Elementary/Secondary (0-12) 3 yrs. 17. FATHER'S NAME (First, Middle, Le	B EDUCATION grade completed) College (1-4 or 5+)	18a. OECEOENT'S USUAL (Give kind of work dor life. Do NOT use retired Housewife	e during most of working	16b. KIND OF BUS					
3 yrs.				Homem		····			
	Phillips			nie Goodwii					
190. INFORMANT'S NAME (Type/Print Robert Young			SS (Street and Number or Rura Knoll Hill D:			811			
20s, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify	Removal from State	other place)	Name of cometery, cremetory of	20c. LO	cation — city or To				
/ / //	22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home 108 Williams St. Berlin, Md. 21811								
shock, or heart fe immediate cause (Finel disease or condition resulting in deeth)	e, or complications that caused liure. List only one cause on eet one one one one one one one one one one	ch ilne.	<		ratory arreet,	Approximate Interval Between Onset and Deett			
Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Digitabetes Mellitus 24a. WAS AN AUTOPSY PRODING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF REALTY								
25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH				1 🗆 YES 2		1 YES 2 NO			
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (Check only one)					
1 VES 2 NO	1 ☐ Inpetient 2 ☐ ER/Outps 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	8 ☐ Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED				
2 Accident investig	ation 28e. PLACE OF INJURY building, atc. (Specific	At home, ferm, street, 1	M 1 YES 2 NO Nt, factory, office 28f. LOCATION (Street ar City or Town, State)		and Number or Rural	and Number or Rural Route Number,			
29e. CERTIFIER (Check only	PHYSICIAN: To the best of my knowle (AMINER: On the basic of examination					e) and manner as stated.			
29b 69GNATURE AND TITLE OF CE	RTIFIER		29c. LICENSE N	UMBER	29d. DATE SIGNED	(Month, Day, Year)			
of auch	lly	MD	D 24	872	14/1	1/90			
	ON WHO COMPLETED CAUSE OF DEA	ITH (ITEM 27) (Type, Print) C SAL	IsBURY	md 21	801				
31.APR1(87990°)	gull 32 DEDISTRARS - AM								

24 hours after death. Page 6 may be retained by the hospital or attending physician. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within E FUNERAL DIRECTOR: I within 72 hours after RTANT: If Item 28 Is IMPORTANT: If

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tending phy al Hygiene	or other	
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ter this certificate has been signed by the attendingth with the State Dept. of Health and Mental Hygin	arked, or Item 23 shows any injury, or other traumatic event, the	
b the Sta	d, or Ite	
: After this	Is marke	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ALLEN ROBERT SR7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 1 → M 2 □ F DAYS 213-20-0010A 74 9 16 Ν. 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH 2416 EAST CHASE STREET DIRECTOR BALTIMORE CITY 10d. INSIDE CITY 10c. CITY, TOWN DR LOCATION 10b. COUNTY 10e. STATE BALTIMORE 1 X YES 2 ND FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE USA 2416 E. CHASE STREET 21213 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 Never Married 2 Marrie 1 YES 2 XND Specify: BLACK Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade complete 16h, KIND OF BUSINESS/INDUSTRY ost of working (Sp Elementary/Secon ndary (0-12) College (1-4 or 5+) 6th Federal Paper Co Machinist 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Ed Allen Meater Allen BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Chase St. Millie Allen 2416 E. Baltimore MD 20e. METHOD OF DISPOSITION

1X Burlel 2 Cremation 3 Re 20b. PLACE DF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Baltimore Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY lal AVE. Q, C . MARCH F.H. 1101 E. NORTH WM. 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, Approximate interval Betwe shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finei disease or condition Carcinom >0 DUE TO (OR AS A CONSEQUENCE OF): resulting in death) ba CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? M 1 | YES 2 | AD 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Reside 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date end piace, end due to the ceuse(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

> OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Junshepkins

32 REGISTRAR'S SIGNATURE

Has

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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COMPLETED BY FUNERAL DIRECTOR		10e.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	TNID	mes Art			DATE OF OEATH	90	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 236-05-4645 98. FACILITY NAME (If not institution, give	1# M 2 □ F . 78	8 YRS. MOI	UNDER 1 YEAR ITHS DAYS CITY, TOWN O	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DEAT	7. DATE OF BIRTH (Month, Day, Year) 3/5/12	9c. COUNTY OF	N.C.		
8	Bon Secours Ho			Balti						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Md.	ry .		own or Locati				10d. INSIDE CITY LIMITS? 1 # YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 2738	Mosher St.		101.	21216					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DATE 4/45 10/6	2 NO	If yes, spe	ENDENT OF HISPANIC celfy Cuben, Maxican, 2 NO Specify:	ORIGIN? (Specify Yes of Puerlo Ricen, atc.)	Spe	E — American Indian, ck, White, atc. city: 1ack		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION te completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work Me. Do NOT use re Retire	done during mos tired.)	N It of working	Md. Shi	.pbuildi	n g l &		
SOM	17. FATHER'S NAME (First, Middle, Lest)	A 4. 5			_	E (First, Middle, Maiden S	Sumame)			
H	Robert 19a. INFORMANT'S NAME (Type/Print)	Artis	19b. MAILING AD	DRESS (Street a	Corin	ia Art				
임	Addie Arti				St. Balte		.216			
	20a. METHOD OF DISPOSITION 11 Burlat 2 Cremation 3 Red 4 Donation 5 Other (Specify)	(PLACE OF DISPOSITE other place) Garrison	Forest	Veterans	C	wings M	ills, Md.		
	21. SIGNATURE OF FUNERAL SERVICE L	estes	0	Est	-	ers Funera Pl. Balto?				
	23. PAR I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Aut e	ch line.	_	de of dying, such		Sepan	Approximate Interval Between Onset end Death		
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Chroni	CONSEQUENCE OF):	man mon sis	Luy & Cardio	sin Juseus (a Vargarley	abosta De si	is)		
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ons contributing to death be	nt not resulting in t	ne underlying	g cause given in P	art I. 24a. WAS AN PERFORI	MED?	b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Chec	k only one)				
14SI	1 VES 2 NO	1 Inpetient 2 ER/Outpe		☐ Nursing Hom	e 5 🗆 Residence 8	Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED			
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	r wo	RK? (ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stre-	et, factory, offic		28f. LOCATION (Street at City or Town, State)	nd Number or Rura	Route Number,		
COMPLETED	CONSULT OTHY	/SICIAN: To the best of my knowledge.						(s) end manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CENTUR	your p	000		29c, LICENSE NUME	8711	29d. DATE SIGNE	1 16 19°0		
-	30. NAME AND ADDRESS OF PERSON W	WHO COMPLETED CAUSE OF BEA	NO JA	"m)_	2000	W. BM	tuni	n for 21222		
	APRI 9 1990	Statia Davidson	Mandell							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ENDING PHYSICIAN: The law requires that the death certificate be executed within secure after death. Page 6 may be retained by the hospital or attending physician.	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: Th	TO THE FUNERAL OIRECTOR: After this certificate be filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or iten

1 - FOR STATE OF STATE OF	MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
DEULAH M. A	NDERSON		MONTH 4 DAY	90 824 M
4. SOCIAL SECURITY NUMBER 5. SEX 2)4-18-4405 1 0 M 2 XE	8. AGE (In yrs. last birthday) IF YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF D		INTY OF DEATH
BON JECURS HOS.	PITAL	BAUTO.		BALTO.
10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY
MD BANTO.				1 YES 2 NO
10e. STREET AND NUMBER	· ·	10f. ZIP CODE	10g. Cr	FIZEN OF WHAT COUNTRY?
2637 Harlem Avenue		21216		USA
FORGER	ENT EVER IN U.S. ARMED 1 YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico	NIC ORIGIN? (Specify Yee or No-	14. RACE — American Indien, Black, White, atc.
	WAR OR DATES	1 YES 2 X NO Specif		Specify:
				Black
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use mi	AL OCCUPATION done during most of working fred.)	16b. KIND OF BUSINESS/IN	DUSTRY
Elementary/Secondery (0-12) College (1-4 or	5+) 1 _	ecurity Admin.	Federal Gov	arnmant
17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Surname)	CITIMETIC
John R. Taylor			h R. Taylor	
19s. INFORMANT'S NAME (Type/Print)	195 MAILING AD		Floute Number, City or Town, State, Z	in Code)
Otis Anderson	74 C 40 E 5 C 5	arlem Avenue,		21216
20e, METHOD OF DISPOSITION		N (Name of cemetery, crematory or		- City or Town, State
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)	other place)	Forest Vet. Ce	0	Mills, Md.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	dui1130 11	22. NAME AND ADDRESS OF FA	CILITY	in its y that
Kall may		March F/H W		
(1)(K) //(W)	M	4300 Wabash		
23. PART I. Enter the diseases, or complications to shock, or heart fallure. List only one commediate CAUSE (Final			0 0/	interval Between
disease or condition resulting in death)	& wal K	a leus puril	Arelnetal	leavans
A V	O (OR AS A CONSEQUENCE	ol-	D 0-11 P	0
Sequentially list conditions,	O (OR AS A CONSEQUENCE OF	na gove	ag wolly	clear.
if any, laading to immediate cause. Enter UNDERLYING	O (OR AS A CONSEQUENCE OFF		1.	
CAUSE (Disease or injury	O (OR AS A CONSEQUENCE OF):			
that initiated events resulting in death) LAST	_			
PART ii. Other algnificant conditions contributing	to death but not resulting in the	ne undartying cause given in	Part I. 24a. WAS AN AUTOPS!	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
<u> </u>			1 _ YES 2 NO	COMPLETION OF CAUSE DF DEATH?
				1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF OEATH (C	heck only one)	
I HOUSTALE.		Nuraing Home 5 ☐ Residence	6 Other (Specify)	
27. MANNER OF DEATH 28a. OATE (Month	OF INJURY 28b. TIME OF INJURY INJURY	WORK?	28d. OEŞCRIBE HOW INJURY O	CCUREO
1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO		
3 Suicide 8 Could not be determined	OF INJURY — At home, farm, streeting, etc. (Specify)	t, tectory, office	281, LOCATION (Street end Numb City or Town, State)	er or Rural Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the best one				
2 MEDICAL EXAMINEN: Of the besis of		my opinion, death occured at th		
29b. SIGNATURE AND TITLE OF CERTIFIER	Olaho M	290 LICENSE NU	MBER 2 2 29d. D/	TE SIGNED MOVE COM YOU
Mondon 1000	www/111.	V. 10-1	11/0	7/1/1/10
30. NAME AND PORRESS OF PERSON WHO COMPLETED C	USE OF DEATH (IXEM 27) CTYPO PH	11)	*	
17. /////	11/18K/1			

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attributeness of a strengthenty filling in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. Of health and mental hygiene prior to during, chemiquely, or removal.	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HI	TO THE FL	De filed w	IMPORTA

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Total Continue Con								ea or No-	14. RACE	American Indian, White, etc.
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The support of the su	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	IER'S NAM	NE (First, Middle, Maide	n Sumame)		
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Accident Investigation Suicide Could not be determined 28e. PLACE DF INJURY — All home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) CERTIFIER (Check only one) CERTIFIER	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition of the condi	d. DUE T d. HOSPITAL: 11 Inpatient 2 28e. DATE (TO (OR AS A CONSEQUENCE OF TRO 17 YOUR AS A CONSEQUENCE OF TRO	CE OF): + D/CA CE OF): ting in the unde CT/ON OTHER: OA 4 Nursing TIME OF 28	PL FIBRE TO STATE OF DE SE INJURY AT	CAS /_ N O/	Part I. 24a. WAS PERF 1 YES	HEA	24b. W	MAILABLE PRIOR TO OMPLETION OF CAUS OF DEATH?
3 Sulcide 4 Homicide 5 Could not be determined 298. PLACE DF INJUNY - All nome, terms, street, rectory, office 299. CERTIFIER (Check only one) 299. CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER 290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Dgy, Year) 4/14/90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MICHAEL E. PELCZAR MIP. ST. AGNES HOSPITAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition of the cause of the condition of the cause of	d. DUE T d. HOSPITAL: 11 Inpatient 2 28e. DATE (TO (OR AS A CONSEQUENCE OF TRO 17 YOUR AS A CONSEQUENCE OF TRO	CE OF): + D/LA CE OF): cling in the under 2///////////////////////////////////	DL FIBRE PLACE OF DIESE. INJUST AT WORK?	CAS /_ W O/	Part I. 24a. WAS PERF 1 YES	HEA	24b. W	MAILABLE PRIOR TO OMPLETION OF CAUS OF DEATH?
296. SIGNATURE AND TITLE OF CERTIFIER Michael 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) MICHAEL E. PELCZAR MIP. ST. AGNES HOSPITAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond SMALL IN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DND 27. MANNER OF DEATH 1 Neturel 5 Pending	d. tione contributing to the state of the s	O (OR AS A CONSEQUENCE OR TROITY O (OR AS A CONSEQUENCE OR OR AS A CONSEQUENCE OR OR OR OR OR OR OR OR OR OR OR OR OR	CE OF): + D / CA CE OF): cling in the unde CT / ON OTHER: OA 4 Nursing N. TIME OF INJURY M	PL FIBRE PIRE PIRE PIRE PIRE PIRE PIRE PIRE PI	CAS /_ W O/	Part I. 24a, WAS. PERF 1 YES CK only one) 6 Other (Specify) 26d, DESCRIBE HOL	HER	24b. W	INILIABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 \(\) NO
296. SIGNATURE AND TITLE OF CERTIFIER Michael 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) MICHAEL E. PELCZAR MIP. ST. AGNES HOSPITAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond SMALL IN 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pending investigat 3 Suicide 6 Could not	d. tione contributing to the state of the s	TO (OR AS A CONSEQUENCE OF INJURY Day, Year)	CE OF): + D / CA CE OF): cling in the unde CT / ON OTHER: OA 4 Nursing N. TIME OF INJURY M	PL FIBRE PIRE PIRE PIRE PIRE PIRE PIRE PIRE PI	CAS /_ W O/	Part I. 24a. WAS PERF 1 YES	HEA	24b. W	INILABLE PRIOR TO OMPLETION OF CAU- F DEATH? YES 2 NO
296. SIGNATURE AND TITLE OF CERTIFIER Michael 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) MICHAEL E. PELCZAR MIP. ST. AGNES HOSPITAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond SMALL IN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Neturel 5 Pending investiget 3 Suicide 6 Could not determine	d. tione contributing to the state of the s	TO (OR AS A CONSEQUENCE OF INJURY Day, Year)	CE OF): + D / CA CE OF): cling in the unde CT / ON OTHER: OA 4 Nursing N. TIME OF INJURY M	PL FIBRE PIRE PIRE PIRE PIRE PIRE PIRE PIRE PI	CAS /_ W O/	Part I. 24a. WAS PERF 1 YES	HEA	24b. W	INILABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 \(\) NO
Michael Welesau ND D09990 \$4/14/90 30. NÁME AND ADDRESS DF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) MICHAEL E. PELCZAR MIP. ST. AGNES HOSPITAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condications of the condication	d. tione contributing to the state of the s	TO (OR AS A CONSEQUENCE OF TROITY OF	CE OF): + D/LA CE OF): ling in the unde 2-T/O/N OTHER: OA 4 Nursing N. TIME OF INJURY M arm, street, factory	erfying cause g ACUT 28. PLACE OF DI 19 Home 5 Re 8c. INJURY AT WORK? 1 YES 2 1, office e, data and place,	EATH (Che	Part I. 24a. WAS PERF 1 YES Ck only one) 6 Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Stree City or Town, Sie to the cause(a) and n	MALTOPSI ORMED? 2 ND WINJURY O	24b. W A C C C C C C C C C C C C C C C C C C	WHABLE PRIOR TO OMPLETION OF CAUSE F DEATHY YES 2 NO
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) MICHAEL E. PELCZAR MIP. ST. AGNES HOSPITAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE, (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond SMALL IN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Naturel 5 Pending Investigat 3 Suicide 6 Could not determine 29a. CERTIFIER (Check only one) 21 MEDICAL EXAMINER MEDICAL EXAMINERS	d. tione contributing to the state of the s	TO (OR AS A CONSEQUENCE OF TROITY OF	CE OF): + D/LA CE OF): ling in the unde 2-T/O/N OTHER: OA 4 Nursing N. TIME OF INJURY M arm, street, factory	PL FIBRE TOTO Priying cause of ACUT 28. PLACE OF DI 19 Home 5 Re 8c. INJURY AT WORK? 1 YES 2 y, office e, date and place, nion, death occur	EATH (Cho	Part I. 24a. WAS. PERF 1 YES Ock only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Yown, Sie to the cause(a) and retime, date and place,	AN AUTOPS ORMED? 2 ND VINJURY Of and Number of and Number of and due to	24b. WAR A COOL OF THE COURSE	INILABLE PRIOR TO OMPLETION OF CAUP TO BEATH? YES 2 NO
MICHAEL E. PELCZAR MIP. STIAGNES HOSPITAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE, (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond SMALL IN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Naturel 5 Pending Investigat 3 Suicide 6 Could not determine 29a. CERTIFIER (Check only one) 21 MEDICAL EXAMINER MEDICAL EXAMINERS	d. tione contributing to the state of the s	TO (OR AS A CONSEQUENCE OF TROITY OF	CE OF): + D/LA CE OF): ling in the unde 2-T/O/N OTHER: OA 4 Nursing N. TIME OF INJURY M arm, street, factory	PL FIBRE TOTO Priying cause of ACUT 28. PLACE OF DI 19 Home 5 Re 8c. INJURY AT WORK? 1 YES 2 y, office e, date and place, nion, death occur	EATH (Cho	Part I. 24a. WAS. PERF 1 YES Ock only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Yown, Sie to the cause(a) and retime, date and place,	AN AUTOPS ORMED? 2 ND VINJURY Of and Number of and Number of and due to	24b. WAR A COOL OF THE COURSE	INILABLE PRIOR TO OMPLETION OF CAUP TO BEATH? YES 2 NO
	If any, leading to immediate cause. Enter UNDERLYING CAUSE, (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond SMALL IN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Naturel 5 Pending Investigat 3 Suicide 6 Could not determine 29a. CERTIFIER (Check only one) 21 MEDICAL EXAMINER MEDICAL EXAMINERS	d. tione contributing to the state of the s	TO (OR AS A CONSEQUENCE OF TROITY OF	CE OF): + D/LA CE OF): ling in the unde 2-T/O/N OTHER: OA 4 Nursing N. TIME OF INJURY M arm, street, factory	PL FIBRE TOTO Priying cause of ACUT 28. PLACE OF DI 19 Home 5 Re 8c. INJURY AT WORK? 1 YES 2 y, office e, date and place, nion, death occur	EATH (Cho	Part I. 24a. WAS. PERF 1 YES Ock only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Yown, Sie to the cause(a) and retime, date and place,	AN AUTOPS ORMED? 2 ND VINJURY Of and Number of and Number of and due to	24b. WAR A COOL OF THE COURSE	INILABLE PRIOR TO OMPLETION OF CAUP TO BEATH? YES 2 NO
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond SMALL IN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Neturel 5 Pending investiget 3 Suicide 6 Could not determine 4 Homicide determine 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER AUGUST	d. Due T d. Due	TO (OR AS A CONSEQUENCE OF TRO ITY) TO (OR AS A CONSEQUENCE OF TRO	CE OF): + D CA CE OF): ting in the under CT ON OTHER: OA 4 Nursing TIME OF NURSY Marm, street, factory courred at the time igetion, in my opin	erlying cause g ACUT 28. PLACE OF DI 19 Home 5 Re 8c. INJURY AT WORK? 1 YES 2 y, office e, date and place, nion, death occur	EATH (Che saldence (Part I. 24a. WAS. PERF 1 YES Ock only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Town, Sie to the cause(a) and re time, date and place, 18ER	MALTOPSIORMED? 2 ND VINJURY Of the and Number of the and due to 29d. DA	24b. WARE CONTROL OF THE PROPERTY OF THE STONED (A) AND COURSE STO	white Able Price to Completion of Cau F Death? YES 2 No

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				D MEI	NTAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ALFRED	BROV	√N JR.					DATE OF DEATH DAY	1990	PASY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2.2.0 - 7.8 - 2.7.3.5	5. SEX 6. AGE 25 27 M 2 □ F 2 3	(In yrs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HR	٧.	Month, Day, Year)	1	S. BIRTH Count	IPLACE (State or Foreign
H CH	9a. FACILITY NAME (If not institution, give s THE JOHNS HOPKINS					R LOCATION O	F DEATH		9c. COUNT BALT]		E CITY
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v	40.00	Y, TOWN (
DIMECTO	MD IOD. COONT			4LTI			TY				10d. INSIDE CITY LIMITS? XX YES 2 NO
FUNERAL	100. STREET AND NUMBER 1022 WEBB COU	IRT			10f	2120	2			EN OF V	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	20 TNO		If yes, sp		xlcan, Pu	PRIGIN? (Specify Yes parto Rican, atc.)	or No—		E — American Indian, k, Whita, atc. ffy: BLACK
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		18a. DECEDENT'S (Give kind of life. Do NOT us	work done se retired.)	during mo	IN st of working		18b. KIND OF BUS	INESS/INDU	ISTRY	
N N	12th		UNEMI	LOY	ED			l			
	17. FATHER'S NAME (First, Middle, Last) ALFRED	BROWN	SR.			18. MOTHER'S	-	First, Middle, Maiden	Surname) JAC .	KSC	N
2	19a. INFORMANT'S NAME (Type/Print) VERNA	BROWN						Number, City or Town $TIMORE$,			202
	29a. METHOD OF DISPOSITION 14 Burlet 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	other place) MOUNT			netery, crematory			SDOW		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22.	NAME A	ID ADDRESS O	F FACILIT				
	> Bladue	Wan	رمو								ORTH AVE.
CERTIFICATION	23. PART I. Enter the diseases, of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	e. OUE TO (OR AS		her non							Approximate Interval Batwean Onset and Daath 2 3 y LS.
MEDICAL CER	PART II. Other significant condition	d	but not resulting	in tha u	ndariyin	g cause give	n In Par	t I. 24s. WAS AN PERFOR	MED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
			-								1 🗆 YES 2 🖼 10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		-		26. PI	ACE OF DEATH	(Check	only one)		_	
2	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	testiant 3 DOA	OTHE!	R:			Other (Specify)			
H	27. MANNER OF DEATH	28a, DATE OF INJURY	28b. TIN	IE OF	28c. INJ	URY AT		d. OESCRIBE HOW II	NJURY OCC	UREO	
BYP	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN-	JURY M		RK? YES 2 NO	,				
ED	2 Accident 3 Suicide 4 Homicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State)							Route Number,			
COMPLETED	and and	ICtAN: To the best of my kno ER: On the basis of axaminati									a) and manner as stated.
_	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE	NUMBER	?	29d. DATE	SIGNE	(Month, Day, Year)
D BE		ton mo				03	362	30			14-90
2	30. NAME AND ADDRESS OF PERSON WE	Tasht	ute	p, Print)	Bali	timos	2	30 MO			.05
	APRIE (Mooth Car Year)	32 REGISTRAR'S SIG	NATURE nde								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 24 hours after death. Page 6 may be retained by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEP		OF HEALT		IENTAL HYGI						
1. DECEDENT'S NAME (First, Mick Brown, Eth						2. DATE OF DEATH	DAY	90	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 212 74 3048	MONTHS DAVE MONTHS M							8. BIRTH	PLACE (State or Foreign			
90. FACILITY NAME (If not institute Union Memor	ial Hospital			TOWN OR LOCA Baltimo			9c. COL	JNTY OF D	EATH			
								11				
10e. STREET AND NUMBER	A		Jarcino	10f, ZIP C			10g. CIT	U.S.	VHAT COUNTRY?			
11. MARITAL STATUS	1 Never Merried 2 Merried FORCES? 1 YES 2X NO If yes, specify Cuben, Mexica							14. RACI Blac Spec	E American Indian, k, White, atc.			
(Specify only high Elementary/Secondary (0-12)	IT'S EDUCATION rest grade completed) College (1-4 or 6	+) Iffe. Do NO	of work done of T use retired.)	luring most of wo	rking	16b. KIND OF	BUSINESS/IN	IDUSTRY				
		ПО	memake			ME (First, Middle, Mai nda Eller		g				
1911. INFORMANT'S NAME (Type/F Fred Wilhe:	rint)	37	41 Kes	wick R	oad, I	oute Number, City or Baltimore	e, Mar	ylan				
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 4 Donation 5 Other (Spe 21. SIGNATURE OF COMMERCE SE	cify)	206. PLACE OF DIS	Cemet	ery		Ea	aston,	Mar				
hym	Burge	e Henss) 36	31 Fal	ls Roa	ad, BaIti	imore,	Mar	yland 2121			
23. PART I. Enter the disease or heert immediate CAUSE (Finel disease or condition resulting in deeth)	fellure. Liet only one ce	O (OR AS A CONSEQUENC	olic	\	ys fr	ination	~ ·		Approximete Interval Between Onset and Deat			
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a	YOC AND ONSEQUENCE		Na	-c4	bns						
PART II. Other significent of the significent of the significent of the significent of the significent of the significant of th	conditione contributing to	o deeth but not resulti	ng in the ur	derlying ceus	e given in	PER	S AN AUTOPSY RFORMED?	Y 24	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MI	EDICAL HOSPITAL:		OTHE		F DEATH (Ch	eck only one)						
1 YES 2 NO	1 1 mpetient 2	☐ ER/Outpatient 3 ☐ 00 FINJURY 28b.				6 Other (Specify) 28d. DESCRIBE H		CCURED				
2 Accident investigation 2 Accident 2 Accide							Route Number,					
29a. CERTIFIER (Check only	NG PHYSICIAN: To the best of											
2 MEDICAL 29b. SIGNATURE AND TITLE OF	EXAMINER: On the basis of	examination and/or investi	gation, in my o		LICENSE NUI				D (Month, Pay, Year)			
30. NAME, AND ADDRESS OF PE	RISON WNO COMPLETED CA	USE OF DEATH (ITEM 27)		cy f	Balk	MB	21	21	8			
APRI 9 1990	Sta Dave	AAR'S SIGNATURE		/								

DHMH-16 Rev 1/89

DIVISION OF VIAL RECORDS, T.C. BOX 13148, BALLIMORE, MANILAND 21203-3148
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE OF MI	AKTLANU / CE		ICATE				MENIAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O			YEAR 3	. TIME OF DEATH
	EUNICE		BOATE	NG					4-12	2-90 "			:25AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	Day Year)	. 6	. BIRTHPL Country)	ACE (State or Foreign
	022-72-8291	1 M 2 XF	31	YRS.	MONTHS	DATS	HOURS	More.	3/3/	59		Ghan	a
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATH		9c. COUNT	Y OF DEA	тн
DIRECTOR	Rt. 40 & JOppa 1	Road									Harfo	ord C	County
당	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	γ		10c CIT	Y, TOWN C	OR LOCAT	ION					T	Od. INSIDE CITY
<u> </u>	MA	•					1011					- 1	LIMITS?
	10e. STREET AND NUMBER			L	Bost		ZIP COD	F			10a CITIZE		YES 2 NO
RA	203 Park Drive					100		- 2215				ana	AI COOMINIT
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13.	WAS DEC			IIC ORIGIN?	(Specify Yes			- American Indian,
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Olvorced	FORCES? 1 [IF YES, GIVE WA	YES 2-N	10		If yes, spe	cify Cube	Specify	n, Puerto Ric	cen, etc.)		Black,	White, etc. Black
G	15. DECEDENT'S EDU	CATION	16e. DE	CEDENT'S	USUAL O	CCUPATIO)N		16b. F	UND OF BUS	SINESS/INDU		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	Do NOT u	work done se retired.)	during mo	st of workli	ng					
1PL	110001000000000000000000000000000000000	College	N	urse						Park	Mario	n N.	н.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mic	ddle, Meiden	Surname)		
BE (Joseph Nanor						E	1iza	beth	Daale	У		
то в	19s. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS	S (Street a	nd Numbe	r or Rural I	Route Numbe	r, City or Tow	n, State, Zip C	ode)	
F	Bayard Henry			65 G	odda:	rd A	ve.	Bro	oklin	e, MA	021	46	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Ren	noval from Stale	20b. PLACE other pla	lene.						20c. LO	CATION — CI	ty or Town	1, State
	4 Donellon 5 Other (Specify)		Odum	asi	Town					Odum	asi,	Karo	bo
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE						SS OF FA	ситу а1 Но	T			
	Mmd/KI										imore	MD	21229
ION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	b.	ole inju	OUENCE C	0F):				_				Onset and Death
AT	If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE C	F):								
		a											+
MEDICAL	PART II. Other aignificant conditio	ns contributing to d	daath but not r	esulting	in the ur	ndariyin	g cause	given in		PERFOR	RMED?	6	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? WYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF F	DEATH (Ch	eck only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ po₄	OTHE:	R:			KDCMher		CEVIE		
H	27. MANNER OF DEATH	25e. OATE OF I	INJURY	28b. TH	WE OF	28c. INJ	URY AT	eewerice			NJURY OCCL	JREO	
	1 Netural 5 Pending	4-12-	90	5:4	1AM		PRK?	NO	Pede	stria	n str	uck	by auto
ВУ	3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At ho			tory, offic	•				end Number o		
TEC	4 Homicide determined	building, e	elc. (Specify)		Road								Harford Co
COMPLETED	29e. CERTIFYING PHYS	SICIAN: To the best of ex						s, and due	lo lhe ceus	e(s) and me	nner es state	d.	
H	290. SOMATUME AND TITLE OF CENTIFE	an .						ENSE NUI	MBER		29d. DATE ▶4-1		Month, Day, Year)
2	JAMES KAPLAN, MI	HO COMPLETED CAUS	E OF OEATH (ITE	м 27) (Тур 1 Ре	e, Print) nn S	tree	t,Ba	ltim	ore,M	D 212	201		VC
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE										
	APR 1 9 1990 \$	while Davidson	Andre	•									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer, ours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained and completely filled in by the funeral director, page 5 should be detained and within 72 hours after death with the State Pent, of Health and Mental Hodiere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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	FOR STATE REGISTRAR	STATE OF N		/ DEPAR				D MEN		GIENI G. NO.	Ē		
	1, DECEDENT'S NAME (First, Middle, Last) LOUIS R.	BIE	RETZ		-				DATE OF DI	DA	1990	YEAR	20 P M
	4. SOCIAL SECURITY NUMBER 216-20-5961	5. SEX	6. AGE (In yrs. 65	yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.			. 0	Month, Day,	RTH Year)	924		CE (State or Foreign	
TOR	G.B.M.C6701 N RESIDENCE OF DECEMENT		S STRE	ET		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE MARY! AND 21204 BALTIMORE COUNTY							
DIRECTOR	10a. STATE 10b. COUNTY	MORE COL	JNTY	TOW:	Y, TOWN OF	R LOCATION	N						d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER 914 WEATHERBEE					21	1204					US	A
BY FU	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS OECEOEN FORCES? 1 IF YES, GIVE W	X YES 2	ARMEO NO	11	yes, specif	DENT OF HIS fy Cuben, Me INO Sp	xican, Pu			or No—	14. RACE — Black, W Specify: WHI	
TED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a.	DECEDENT'S (Give kind of life. Do NOT u	USUAL OC	CUPATION uring most of	of working		18b. KINC	OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		les M	anage	er				o Fle	eet	
l w	17. FATHER'S NAME (First, Middle, Lest) Louis Biere							rie S	Steir	1			
TO B	Mrs. Betty C. Bi	eretz		196. MAILING 914	Weat	(Street and herbe	Number or Rue Rd.	ral Route To	Number, Ch	ty or Town	d • Z	21204	
	20s METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	ne of comete etery	ery, crematory	or				ore, M					
	21. SIGNATURE OF FUNERAL SERVICE L'EMBE 22. NAME AND ADDRESS OF FACILITY MITCHELL-WIEDEFELD HOME, INC. 6500 York Road Baltimore, Md. 2121											21212	
	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, auch as cardiac or reapiratory arrest, ahock, or haart failure. Liet only one cause on each lina. IMMEDIATE CAUSE (Finel												
	disease or condition resulting in daeth)	Ingra-	1 01	rest.							de automorphism de		
z	Description of the land of the		Uremia)'' 								(omos
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CON	SEOUENCE C	PF):								510
IFIC	CAUSE (Disease or Injury that Initiated events	OUE TO	(OR AS A CON	SEQUENCE C	F):	h							390
出	resulting in death) LAST		Khlum	a to id	AI	lites							Duym
MEDICAL (PART II. Other eignificant conditions	contributing to	death but no	ot resulting	in the un	dariying d	ause giver	in Part		WAS AN PERFOR		AM CC	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
N: ME	C- igin de	n seesi										1	YES 2 -MO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	it	E OF DEATN						
HYS	1 VES 2 NO 27. MANNER OF DEATH	1-2 inpetient 2	INJURY	28b, TII		28c. INJUR WORK	5 Realder Y AT	_			NJURY OC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	Pending (Month, Dey, Year) I					5 2 NO	_	28d. DEŞCRIBE NOW INJURY OCCURED				
1 1	3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE (building	of Injury — A atc. (Specify)	t home, farm,	street, facto	ory, office		281.	City or Tou		and Number	or Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basel of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											nd manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	\.	1.0			2	Pec. LICENSE				29d. DAT		onth, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WING		SE OF DEATH	(ITEM 27) /Top	e Print)		03	3000	4			4-18	1-90

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32. REGISTRAR'S SIGNATURE

But

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21218

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31. DATE FILED (Month, Day, Year)
APR 19 1990

CK 44K

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / CE	DEPARTMEN RTIFICAT				GIENE G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	Bajer				2. DATE OF DE	ATH DAY	YEAR 90	3. TIME OF DEATH			
OR	4. SOCIAL SECURITY NUMBER 5. SE) 3/2-32 OG62 10 9a. FACILITY NAME (If not institution, give street and J. L. BRADN HUST.	M 3.0 84	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	(Month, Dey, Year) C. 4-26-05			Alterore KA			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCAT	ION				10d. INSIDE CITY			
DIR	Md.		Bal	to.					LIMITS? 1 YES 2 NO			
	10e. STREET AND NUMBER			Y	ZIP CODE		10g. (CITIZEN OF W	HAT COUNTRY?			
FUNERAL	611 S. Charles S				21230			USA				
BY FUI	1 X Never Married 2 Married FO	AS DECEDENT EVER IN U.S. ARM PRCES? 1 TYES 2 N YES, GIVE WAR OR DATES	MED 1:	If yes, spe	ENDENT OF HISPAN ecity Cuban, Maxica 2X NO Specify	n, Puerto Ricen,	cify Yes or No- etc.)	Black	, White, etc. ty: ack			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colle	ge (1-4 or 5 +) (Gh	cepent's usual re kind of work don Do NOT use retired	e during mo	PN st of working	16b. KIND	OF BUSINESS	INDUSTRY				
ő	17. FATHER'S NAME (First, Middle, Last)				1S. MOTHER'S NA		Maiden Sumam	(e)				
BE	Nathaniel Boy					abeth						
6	198. INFORMANT'S NAME (Typo/Print) Bernita Gholston				nd Number or Rural I ania Ave				Md. 21201			
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Removal fro	20b. PLACE C	OF DISPOSITION (Name of car	netery, crematory or		20c. LOCATION	— City or To	wn, State			
	4 Donation 5 Other (Specify)	l ^v it.	Zion Ce	M.	ID ADDRESS OF FA	CHUTY	Land	s downe	e, Md.			
	21. SIGNATURE OF FUNDINAL SERVICE LICENSEE AND Water F/H West 4300 Wabash Ave.											
	23. PART I. Enter the diseases, or complications, or heart failure. List on	estions that caused the dealy one cause on each line	ath. Do not ent	er the mo	de of dylng, suc	h ss cardisc o	r respiratory	arrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Arterio de le retic Cardio Vascular Disease DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d											
MEDICAL	Anemia of chronic Malnutifican	discase		underlyin	g cauae given in		WAS AN AUTOP PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
		suffer) que	4									
ic/		PITAL:	отн	ER:	ACE OF DEATH (Ch							
PHYSICIAN:		npatient 2 - ER/Outpatient 3	2Sb. TIME OF	28c, INJ	e 5 🗆 Residence	S Other (Spec		OCCURED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M		PRK? YES 2 NO							
	I Poolitoni	8e. PLACE OF INJURY — At hos building, etc. (Specify)	me, farm, atreet, f	actory, offic	•	28f. LOCATION City or Tow		eet and Number or Rural Route Number, tate)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: T	to the best of my knowledge, de- the basis of examination and/or i							a) and menner as stated.			
BE C	29% SIGNATURE AND TITLE OF CENTIFIER	10			29c. LICENSE NU	MBER	29d.	DATE SIGNED	(Month, Day, Year)			
TO B	Auge Klu	/www			D-19	1958	•	4/16	190			
-	George Taler, M.	D. 601 J. CL		Bal	time.	Md. 2.	1230					
	APR1 9 1990	2. REGISTRAR'S SIGNATURE	ML.									

as the burial-transit permit. Pages 1, 2, 3 should

ending physician. 303-3146

1	-	STATE	A
ı	1. D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)						DEATH					
Edith	Buchman						2. OATE MONTH	OF DEATH DA	13	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-01-2664	5. SEX 1 M 2 X F	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIH.		OF BIRTH I, Day, Year)	9	Counti	IPLACE (State or Foreign y) RYLAND
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCATION OF D	100	- 03 1		NTY OF O	
Union Memorial						imore Cit	<u>ту</u>				
MARYLAND 10b. COUNT	TY		10c. CIT	Y, TOWN C	LTI						10d. INSIDE CITY LIMITS? 1X YES 2 NO
10e. STREET AND NUMBER 717	BERRY STRI	EET			10	1. ZIP CODE 21211			10g. CIT	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEOENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. AF		- 1	If yes, sp	CENOENT OF HISPAI ecity Cuban, Mexica 2 NO Specific	n, Puerlo f		or No-	14. RACI Black Spec	E — American Indian, k, White, alc. WHITE
15. DECEOENT'S EO (Specify only highest grace Elementary/Secondary (0-12)) (G	CECENT'S live kind of DO NOT u		CCUPATI during mo	ON ost of working	16b.	KIND OF BUS	SINESS/INC	DUSTRY	,
17. FATHER'S NAME (First, Middle, Lest) EARL GATES						18. MOTHER'S NA		Widdle, Melden	Sumame)		
19a. INFORMANT'S NAME (Type/Print)		19				and Number or Rural	Route Numb	ber, City or Tow			
ROBERT BUCHMAN											AND 21044
20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	other p	OF DISPO		me of ce MET	metery, cremetory or ERY			CATION — ALTIM		MARYLANI
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE / +	- On		A	. A	LAN SEIT	Z, JR				
iMMEDIATE CAUSE (Final disease or condition resulting in deeth)		mic Co	Э.			atry	on as card	ilec or respi	ratory sr	rest,	interval Betw
disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Comp		QUENCE CO	ong			on as card	ilec or respl	ratory sr	rest,	interval Betw
disesse or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	b. DUE TO (OR AS A CONSE	QUENCE COUNTY CO	ong	ap as	athy e		24a. WAS AN PERFOR	AUTOPSY		interval Betwonset and D 2 me 2-y WERE AUTOPSY FIND MARLABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initioted events resulting in death) LAST PART II. Other significant conditions in the purpose of the	b. Com DUE TO (d. One contributing to (DUE TO (DUE	OR AS A CONSE	QUENCE COUNTY CO	in the ur	nderlyin	athy e	Part I.	24a. WAS AN PERFOR	AUTOPSY		Onset and Dr. 2 mo
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the purpose of the	DUE TO (d	OR AS A CONSE	OUENCE CO	orny Fi: OFF:	26. PR:	e g cause given in	Part i.	24a. WAS AN PERFOR	AUTOPSY MMED?	241	interval Betw Onset and D 2 mod 2 y
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	DUE TO (DUE TO	OR AS A CONSE	QUENCE COUENCE	orny Fi: OFF:	26. P. Raing Hor	e g cause given in	Part i.	24a. WAS AN PERFO	AUTOPSY MMED?	241	interval Betw Onset and D 2 mod 2 y
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death in the condition of the conditions in the condition of the conditions in the co	DUE TO (b. DUE TO (c. OUE TO (d.	OR AS A CONSE	OUENCE COUNTY CO	OTHER	26. PR: Rs: sling Hor	Ig cause given in	heck only or	24a. WAS AN PERFOR	AUTOPSY NMED? I NO NJURY OC	24k	interval Betw Onset and D 2 mo 2 y 2 y 2 y 2 y 3 were autopsy Finol Alantable Prior to Completion of cau- or Death? 1 yes 2 No
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition in the condition of the condition	DUE TO (D. DUE TO	(OR AS A CONSE	OUENCE COUNTY OF THE PROPERTY	OTHER	26. P. 28c. IN WW 1	g cause given in LACE OF DEATH (C) THE S PRESIDENCE SURY AT ORK? YES 2 NO THE NO THE STATE OF THE STATE	Part i. 6 Othe 28d. DES 281. LOC City	24a. WAS AN PERFORM 1 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2	AUTOPSY RMED? INJURY OC and Number	24b	interval Betwonset and Dr. 2 mod 2 m
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation of the detarmined detarmined 29a. CERTIFIER (Check only)	DUE TO (DUE	(OR AS A CONSE	OUENCE COUNTY OF THE PROPERTY	OTHER	26. P. 28c. IN WW 1	g cause given in LACE OF DEATH (C) The 5 Residence JURY AT DRK? YES 2 NO The a and place, and duited the coured at the coured at the coured at the coured at the coured at the coured at the course of the cou	Part I. Beck only or City a to the care of time, data	24a. WAS AN PERFORM 1 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2	NJURY OC	24t ccureo r or Rural sted. he cause(interval Betwonset and D 2 mo 2 y A WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CALP 1 YES 2 NO Route Number, S) and manner as state 0 (Nonth, Day, Year)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide S Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (b. DUE TO (c. DUE TO (d. D. DUE TO (d. D. DUE TO (d. D. DUE TO (d. D.	(OR AS A CONSE OR AS	QUENCE COUENCE	OTHEL OF JURY M street, fact	26. P. 28c. IN WW 1	g cause given in LACE OF DEATH (C) The 5 Residence JURY AT ORK? YES 2 NO The a and place, and dudenth occurred at the 29c. LICENSE NU D37-1	Part I. Beck only or City a to the care a time, data	24a. WAS AN PERFORM 1 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2 10 YES 2	AUTOPSY RMED? R INO INJURY OC and Number oner as stated due to II	24th CCURED or or Rural thed. the cause(interval Betwonset and D. 2 mo 2 mo 2 mo 2 mo 2 mo 2 mo 2 mo 2 m

FOR STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	a VOITN M	BROW	NE	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 705 - 14-0670 9a. FACILITY NAME (If not institution, give steel to the second s	treet and number)	yrs. lest birthday) IF UND YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day Voar) EATH 9.	a. BIRTHPLACE (State or Foreign
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER	ARUBA :	DRIVE	101. ZIP CODE	7	og. CITIZEN OF WHAT COUNTRY? U.S. A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED U.S. 1: 2 NO NAVY TES	8. WAS DECENDENT OF HISPA If yes, specify cuban, Mexico 1 TYES 2 NO Specific	an, Puerto Rican, etc.)	No- 14. RACE - American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired HOUSTAV	e during most of working	16b, KIND OF BUSINE	SS/INDUSTRY OF IT IMORE
17. FATHER'S NAME (First, Middle, Last)	IN B	ROWNE	18. MOTHER'S NA	AME (First, Middle, Maiden Sur	MURRY
19a. INFORMANT'S NAME (Type/Pylnt) GATL BRO	MUNE	67/4	SS (Street and Number or Pural)	Route Number, City or Town, S	BALTO, MAS.
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata	PLACE OF DISPOSITION	Name of cometery, crematory or	OK. BA	TON — City or Town, Stata LTO CO. MD
21. SIGNATURE OF FUNERAL SERVICE LIC	X. A.	twas 1	2. NAME AND ADDRESS OF F NUTTER 2501 GUYNA	INERAL.	HOMES TNC. PKWY 21216
23. PART . Effer the diseases, or on shock, or heart tailure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	the death. Do not ent ach libe.	er the mode of dying, su	ch as cardiac or respirat	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS)	consequence or:	vascular vuoronine events u	- sequence	e of years
PART II. Other algorificant condition	Mellitus	ut not resulting in the	underlying cause given in	Part i. 24a. WAS AN AU PERFORME 1 YES 2	D? AMAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	oatlent 3 DOA 4 N	26. PLACE OF DEATH (C ER: lursing Home 5 - Residence		· · · · · · · · · · · · · · · · · · ·
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJI	URY OCCURED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, f	actory, office	28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
(Orlock Drift)	ICIAN: To the best of my know ER: On the basis of examination				r as stated.
29b. SIGNATURE AND TITLE OF CENTIFIES	M.D	Resident	Stall 29c. LICENSE NO AT4/4	1MBER 2 7357ES89	9d. DATE SIGNED (North, Day, Year) 4 14 40
LERIC P.	SIPOS, M		AI ASPITA	L SBALT	INCORE.
APRI 9 1990	32. REGISTRAR'S SIGN	ature &		0	

was after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DHMH-16 Rev 1/89

W T TELL The state of the s

0		2	15	21.3	date	+		7	3	R	No.	1	2000	550				
P	8	褒	gi.			Silve	7	94	7	7	400	0	5			F		
A.	Strike.	¥	1	常	30.00	AN	i.	80.0				1	14	1	il.	U.	00	FRA
1		3			2	4	2	700	3	3	jur	3	1	1	Contract of the last	- Ä		448

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1	-	FOR STATE REGISTRAR

1 - STATE REGISTRAR				ICATE	OF DEA	THUR	ALGINO	/90	3	. TIME OF DEATH		
Frank (F	The state of the s	ILLIAM	BARN	NETT			MONTH 4- S	- 199	EAR D	412 AM		
4. SOCIAL SECURITY NUMBER 242-05-8997	5. SEX 1XXM 2 F	6. AGE (In yrs. 72	last birthday) YRS.	IF UNDER 1 1	YEAR IF UNDE	R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/25/191	8	BIRTHPL	ACE (State or Foreign		
9a. FACILITY NAME (If not institution, s	give street and number)		1.4	9b. CITY, T	OWN OR LOCAT	TON OF OE		9c. COUNT	_			
Levinda	1 NUR	Sinc 7	Home	10	4170	. /	nd.			Set		
RESIDENCE OF DECEDENT		4	10c, CIT	Y. TOWN OR	OCATION				1	Del INSIDE CITY		
MARYLAND	CARROLL			.,	W WINDS	SOR				Od. INSIOE CITY LIMITS? X YES 2 NO		
10e. STREET AND NUMBER					10f. ZIP COL			10g. CITIZE		AT COUNTRY?		
3501 HOOPER						21776	5	U	.S.A			
11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Olvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES X	NO NO	H y		en, Mexicar	IIC ORIGIN? (Specify Yee n, Puarto Rican, etc.)	or No— 1	Black,	- American Indien, White, etc. BLACK		
15. DECEDENT'S (Specify only highest	EDUCATION	16a.	DECEDENT'S		UPATION ing most of work	don	16b. KIND OF BUS	SINESS/INDU				
Elementary/Secondary (0-12)	College (1-4 or 5 -	+)	Ille. Do NOT u	se retired.)					2.5			
9TH GRADE			CUSTOL)IAN/M	AINTEN				. SI	ORE CORP.		
17. FATHER'S NAME (First, Middle, Las ROBERT BA	RNETT					ther's nai SUSAN	ME (First, Middle, Maiden FULP	Surname)				
19a. INFORMANT'S NAME (Type/Print)	KNEII		405 MAIL INC	Anneses (Route Number, City or Town	- Crete 7in C	'onto)			
EARLICE C	'OWAN			and the same of th			C, BALTIM			21207		
20st METHOD OF OISPOSITION THE Buriel 2 Cremetion 3		20b. PLA	CE OF DISPO		of cometary, cre			CATION - CI	_			
1 → Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify)	Removal from State	C	EDAR	HILL	CEMETI		BROO	KLYN,	A . A	. CO., MI		
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			22. NA	ME AND ADDR	ESS OF FAC	CILITY					
23. PART I. Enter tha diseeses	13 te	ette					L HOMES, I			RE, MD.		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	disease or condition resulting in death) e. Lot do to (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CAUSE (Disease or Injury thet Initiated events resulting in death) LAST	d	OR AS A CON										
PART II. Other algnificent cond	Sysmal		_	/	erlying cause	/	Part J. 24a, WAS AN PERFOR	RMED?		WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF	DEATH (Ch	eck only one)					
1 U YES 2 NO	1 Inpetient 2			4 🗆 Nursi	ng Home 5 🗍	Residence	8 Other (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE Of (Month, i	F INJURY Day, Year)	28b. Til	ME OF 2	86c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCC	JRED			
2 Accident Investiga	tion 26e, PLACE I	OF INJURY — A	It home, farm,	street, factor		□ №	281. LOCATION (Street	and Number of	≥ Rural Ro	oute Number,		
3 Suicide 6 Could no	of be building	, etc. (Specify)			y 1		City or Town, State					
(Check only	PHYSICIAN: To the best of									and manner as states		
29b. SIGNATURE AND TITLE OF CER				Mary to may be		ICENSE NUI	71 CT 10 CT		SIGNED (Month, Day, Year) 3 – 90		
30. NAME AND ADDRESS OF PERSO	0		(ITEM 27) (7/10)	e, Print)	FRIA	TRI	C CTR	BA				
31. DATE FILED (Month, Day, Year)		AR'S SIGNATUI			C/Cir.	1 , ~,		F= F 1	-1			
31. DATE PILED (MOINI, Day, 16a)	Ja. HEGIOTA	Mh a alumni oi	ME.									



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH DA	lγ	YEAR	3. TIME OF DEATH
ANTHONY	BAN	NKOSKI			04	17	1990		4:40 P ™
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	Day, Year)		Country	
220-05-3284	1 □XM 2 □ F	80 YRS.			02	01	1910	MARY	LAND
9e. FACILITY NAME (If not Institution, give stands of the control		TREET		WSON	FATH		9c. COUN	TY OF DE	E COUNTY
10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
MARYLAND BALTI	MORE COUNTY	TI	MONIUM	f. ZIP CODE			L 40a CITI		LIMITS? 1 YES 2 NO HAT COUNTRY?
407 E. TIMONIU				1093				nited	States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D AYMY WW	2 NO	If yes, sp	CENDENT OF HISPAI Secify Cuban, Maxica 3 2 NO Specif	in, Puerto Ric		or No—	14. RACE Black, Specify WHI	— American Indian, , White, etc. Y:
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON ost of working	16b. K	IND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)				C		
12	4	Supervi	lsor R	et.				rams	
17. FATHER'S NAME (First, Middle, Last) Walter		Banko	oski	16. MOTHER'S NA	eanora		Surname)	J	aroch
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					
Michael A. Bankos		b. PLACE OF DISPOS		imonium	Rd.	_	1 UM ,		21093
1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	average Contract	acred Hea			0/90	7 1 1			Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC				ND ADDRESS OF FA		1 00		21214	
> milton	. 1. Kny	elil L.	Leon	ard J. R	uck, I	Inc.			
23. PART I. Enter the diseases, or a	complications that cause		not antar tha me	oda of dying, suc	h as cardia	c or resp	iratory arı	ast,	Approximata interval Between
IMMEDIATE CAUSE (Final disease or condition	400	1	one	st					Onset and Death
resulting in danth)	a. DUB TO (OR AS	A CONSEQUENCE O	f):						/
Sequentially list conditions,	· Chionic	COL	ツリ						cheme
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):						
CAUSE (Disease or injury that initiated events	c. OUE TO (OR AS	A CONSEQUENCE O	F):						
resulting in death) LAST	d								
PART ii. Other significant condition	s contributing to death	but not resulting	in the underlyin	ng cause given in	Part i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
						PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
						I 🗌 TES	2 M NO		OF OEATH? 1 YES 2 NO
	,				_				
25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C)	heck only one)				
EXAMINER? 1 YES 2 X NO	HOSPITAL:	tpatient 3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Realdence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		JURY W	JURY AT ORK? YES 2 NO	28d. DESC	RIBE HOW	INJURY OC	CURED	
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	RY — At home, farm,			261. LOCAT	TION (Street	and Number	or Rural F	Route Number,
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp.	ecify)			City or	Town, State)		
29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kno	wiedge, death occur	red at the time, dat	e and place, and du	e to the caus	e(a) and ma	nner as ste	ted.	
one)	ER: On the beals of examinati) and manner se stated.
296/SIGNATURE AND THE OF CERTIFIE	A m			D309			29d. DAT	E SIGNEO	(Month, Dey, Yber)
30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF O	PEATH (ITEM 27) (Type	47		//-			1///	
31. DATE FILED (Month, Day, Year)	MA RO	15a	lhru	٤					
APR1 91990		n-Byden							

BURGER

8. AGE (In yrs. last birthday)

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

PARKVILLE

DAYS

MONTHS

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

21234

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Culpur, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify:

Towson

31. DATE FILED (Month, Day, Year)
APR 19 1990

1 M 2 F

10.

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \(\subseteq \text{YES} \) 2 \(\subseteq \text{NO} \) IF YES, GIVE WAR OR DATES

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year) July 8

04

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY LIMITS?

1 YES 2 NO

WEST

BALTIMORY

10g. CITIZEN OF WHAT COUNTRY?

14. RACE — Amedican Meren, Bjack, White, etc.

9c. COUNTY OF DEATH

U.

1:50Ax

VIRGINIA

		WILLIE	-
. 1 -		4. SOCIAL SECURITY NUMBER	5. SEX
4-		231-26-0228	1 M 2 V
100		9e. FACILITY NAME (If not institution, give	street end number)
2, 3	R	IT. JOSEPH A	toso17
1, 2	5	RESIDENCE OF DECEDENT	
	DIRE	MD. BAL	TO. CO
(1)	FUNERAL DIRECTOR	100. STREET AND NUMBER	R AVE
	N N	11, MARITAL STATUS	12. WAS DECE
46 physic		1 Never Married 2 Married	FORCES?
ing in	BY	3 Widowed 4 Divorced	ir rea, dit
203-7 attendi	ETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)
Spital or hed for	IPLE	Elementary/Secondery (0-12)	College (1-4 o
/LAND 21203-3146 by the hospital or attending physic be detached for use as the burial at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last)	DECK
, MARY y be retained age 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print)	CORT
ORE, t 6 may b ector, page		20e. METHOD OF DISPOSITION 1 @ Burlal 2 Gremation 3 Gren 4 Donation 5 Other (Specify)	noval from State
BALTIMORE, MARYLAND 21203-32146 or hours after death. Page 6 may be retained by the hospital or attending physy filled in by the funeral director, page 5 should be detached for use as the Burition, or removal.		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE
OF VITAL RECORDS, P.O. BOX 13146, the heavy street in the death certificate be executed with the fours after this certificate has been signed by the attending physician and completely filled in by the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal ked, or litem 23 shows any injury, or other traumatic event, the medical		23. PART I Enter the diseases, or	complications
filled in on, or r		immediate cause (Final	List only one
무 등 문		disease or condition	5
D. BOX 13146, in the complete by the physician and complete right prior to burial, cremanthe traumatic event,		resulting in death)	QUE
com com	-		. 0,
13 exect and to bu	0	Sequentially list conditions, if any, leading to immediate	b. DUE
Siciar rior	ÄT	cause. Enter UNDERLYING	
B physone p	ᇤ	CAUSE (Disease or Injury that Initiated events	C. DUE
th cert ending I Hygie	E	resulting in death) LAST	
P Jeath atter	빙		d
the d We	뒿	PART II. Other significant condition	ne contributing
Hat that ed by th an	할		
IN OF VITAL RECORDS, P.O. BOX 13146, the PHYSICIAN: The law requires that the death certificate be executed with the this certificate has been signed by the attending physician and completely leath with the State Dept. of Health and Merial Hygiene prior to burial, cremati marked, or liem 23 shows any injury, or other traumatic event, it	PHYSICIAN: MEDICAL CERTIFICATION		
PPE requ	5		
has Dept	A	25. WAS CASE REFERRED TO MEDICAL	
ITAI N: The icate hi State D	2	EXAMINER?	HOSPITAL
SICIAL Certification	¥	27. MANNER OF OEATH	28a. DAT
N OF NG PHYS ther this o sath with		1 Natural 5 Pending	(Mon
Affer t	BY	2 Accident investigation	28a Pl &

à	3 Widowed 4 Divorced				TES ZEFRO Spec			WHITE	5 part		
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		(Give	EDENT'S USUAL Control of Work done Do NOT use retired.)	during most of working	16b.	KIND OF BUSINESS/INOUS	TRY			
COMPL	17. FATHER'S NAME (First, Middle, Last)	DECKER	2		18. MOTHER'S N	AME (First, N	Niddle, Malden Surname)	ms			
TO BE	19a. INFORMANT'S NAME (Type/Print)	CORDS	19b.	MAILING ADDRES	S (Street and Number or Rura 16 AS	ABI	er, City er Town, State, Zip Co	de)			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE O	OF DISPOSITION (N	ame of cemetery, crematory or MEMORI	AL	20c. LOCATION — CIT	or Town, State	mD		
The last	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE J.	Jan	22	NAME AND ADDRESS OF	Tope	RAL CE	JAPLE Z			
	23. PART Enter the diseases, of thock, or heart failure/ IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one couse e. SEPS	on each line.	,	r the mode of dying, su	ch ee card	liec or reepiratory arrea	inter	roximate rvai Betweer et and Deati		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
MEDICAL CEI	PART II. Other significant condition	de contributing to de	ath but not re	esulting in the u	nderlying cause given i	n Part I.	24a. WAS AN AUTOPSY PERFORMED?	OF DEATH?	PRIOR TO ON OF CAUSE		
								1 🗆 YES	2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NAÓ	HOSPITAL:	R/Outpatient 3	DOA 4 No							
ву РНУ											
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural Route No. (Street and Number or Rural Route No										
ш	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, des	eth occurred at the	time, date and place, end de		use(e) end manner as stated				
COMPLETED	onal	R: On the besis of exam	ination end/or in	nvestigation, in my	opinion, death occured at the	ne time, data	end place, and due to the	euse(s) and mann	er ee stated.		

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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31. DATE FILED (Month, Day, Year)

APR 1 0 1990

-		90 10465
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	1. DECEOENT'S NAME (First, Middle, Last) . 2. DATE OF DEATH	3. TIME OF DEATH
П	Leona S. Bright April 1	1 1990 GRM M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 7/3, last birthday) IF UNDER 1 YEAR IF UNIDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE State or Foreign Country)
	315 32 4545 11 12 12 84 MRS. JUNE 30 19	105 MARYLAND
æ	98. FACILITY NAME (If not institution, give street and number)	PALL LOO
5	RESIDENCE OF DECEDENT	PATIMORE
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER	1 VES 2 NO
FUNERAL	ST SLIABSTU'S HALL M-301 2120H	11. C A
N.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes	or No. 14. RACE — American Indian,
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 No Specify:	Black, Whita, etc. Specify;
BY	3 Widowed 4 Divorced	ZTIKWI
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUS	INESS/INDUSTRY
2	Elementary/Secondary (0-12) College (1-4 or 5+) AT Home	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden S	Surname)
BE C	JOSEPH GEIS PANA PALV	Lis
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town	o, State, Zip Code)
-	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOC	CATION — City or Town, Stata
	De Burlei 2 Ceremetton 3 Removal from State 4 Donation 5 Other (Specify) Bell Donation 5 Other (Specify)	ATTE MO
	21. SIGNATURE OF FUNERAL SERVICE NEE 22. NAME AND ADDRESS OF FACILITY	WES ,
	EVANS CHAPLY OF CALL	manium
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respirations.	ratory arreat, Approximate
1	ahock, or heart failure. List only one cause on each line.	Interval Between Onset and Death
	disease or condition a Possible Ceaebral Vascular Aca	cident
	a. Possible Ceaebral Vascular Acares Due to (or as a consequence of): Secondary to Arteriosclerotic Cardiovase	/ 0
No	II Sequentially list conditions, Our TO (OR AS ATOMSFOLIENCE OF).	WOR DISPASE
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	į
F	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):	
	resulting in death) LAST	
CC	PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN	
MEDICAL	PERFOR 1 YES 2	COMPLETION OF CAUSE
ME		1 TYES 2 NO
C A	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Ingellent 2 EUOutpetient 3 DO 4 Interesting Home 5 Residence a Other (Specify) 27. MANNER OF DEATH 28d. DATE OF INJURY 28d. TIME OF JBC. INJURY AT 28d. DESCRIBE HOW II	N HIBY OCCUPEO
	1 Natural 5 Pending (Month Day, Hear) NJURY WORK?	NOON COOMES
ВУ		and Number or Rural Route Number,
Ë	4 Homicide detarmined City or Town, State)	
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and mar	nner as stated.
OM	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, an	d due to the cause(s) and manner as stated,
BEC	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)
0	38. NAME AND ADDRESS OF PERSON WHO COMBLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	4/11/90

CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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THE RESERVE OF SERVERY

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age 6	direc	E
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ertific	ing p	of le
th c	tend H	5
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 75 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
that the	d by	m l
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redu	Deen	sho
e law	has Dent	23
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STATE OF MARYLAND / DEPARTMENT OF	HEALTH AND	MENTAL	HYGIENE
CERTIFICATE O	F DEATH		REG. NO.

	FOR 5 STATE REGISTRAR	STATE OF MARYLAND		MENT OF HI		MENTAL HYGIEI		0 .	0 , 0
	DECEDENT'S NAME (First, Middle, Lest) Mildred	Sadie	Cra	wford		2. DATE OF DEATH MONTH April	13 19 ⁸		OF DEATN
		5. SEX 6. AGE (In yrs.		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (S Country)	0
	215-01-8759 9e. FACILITY NAME (If not institution, give stre	1 M 2 X F 83	YRS.		R LOCATION OF DE	Aug. 21	1906		yland
OB	St. Joseph's Hos			Tow				timore	
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			TOWN OR LOCATI	ON				IDE CITY
Die	Maryland Baltin	nore	T	owson	710 0000		Tab- OFFITE		S 2 X NO
RAI	100. STREET AND NUMBER 509 E. Joppa Roac	I		1	ZIP CODE 21204		USA		MIRY
BY FUNERAL		12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 THE SERVICE OF THE		If yes, spe		IC ORIGIN? (Specify Y n, Puerto Ricen, etc.)	ee or No— 14	Black, White, Specify: W	ntc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementery/Secondary (0-12)	ompleted)	(Give kind of worlde. Do NDT use		N at of working		USINESS/INDUS		
MPI	17. FATHER'S NAME (First, Middle, Last)		House	wite	40 MATHED'S NAS	Home	making		
	John Monroe Hoo	per				nine Wilso			
TO BE	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or To			
۴	Elaine Karpenko	20h Bi A			Rd., Co	ckeysvill	e, Md.		
	1X Buriel 2 Cremetion 1 Remove	red from State other	r place)	Cemete		1000	altimore		
	21. SIGNATURE OF FUNERAL SERVICE LIG	1 (14 / 1 / 1	ares		D ADDRESS OF FAC	hell-Wied	ofold		
	Brya			Time	niumN	laryland	21093		
	23. PART i. Enter the disease or conshipment failure. Unimmediate CAUSE (Finel disease or condition resulting in deeth)	DUE TO (OR AS A CON	me. West			h es cerdiec or res	piratory erres	in	pproximete terval Between nset end Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	DUE TO (OR AS A CON	SEOUENCE OF)	hypai	lins				
PHYSICIAN: MEDICAL C	PART ii. Other significent conditions	contributing to death but no	ot resulting in	the underlying	g cause given in	PERF	AN AUTOPSY ORMED? 2 \(\text{NO}\)	AWAILAE COMPLI OF DEA	UTOPSY FINDINGS BLE PRIOR TO ETION DF CAUSE TH? ES 2 \(\text{NO} \)
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE DF DEATH (Ch	eck only one)			
SIC	EXAMINER? 1 YES 2 ND	HOSPITAL: 1 inpatient 2 ER/Outpatient	t 3 🗆 DOA	OTHER: 4 [] Nursing Hom	e 5 🗌 Reeldence	S Other (Specify)			
	27. MANNER OF DEATH 1X Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOV	N INJURY OCCU	RED	
FED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF INJURY — Albuilding, etc. (Specify)	t home, term, st			281. LOCATION (Stree City or Town, Ste	et and Number or ite)	r Rural Route Nu	mber,
COMPLETED	Check only	CIAN: To the best of my knowledge							enner ee atated.
TO BE C	29b. SIGNATURE AND TILE OF CERTIFIER	E. Pana	4.2		29c. LICENSE NUI			SIGNED (Month,	
1	30. NAME AND ADDRESS OF PERSON WHO Celiar E. Par	ra, M.D.		•	Norther	n Parkwa	ay, Bal	to., M	d.
	APR1 91990	22. REGISTRAR'S SIGNATUR	ndell.						

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IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once.

	1 - STATE REGISTRAR		SIAIE UF N	MAKTLA			MENI UI			MENI	AL HYG					
	1. DECEDENT'S NAME (First, M	iddie, Last)									TE OF DEAT		YEAR	3. T	IME OF DE	EATH
	WILLIAM	E.	CRUTCHLE	Y						04		15	90	7	7:55	Ам
	4. SOCIAL SECURITY NUMBER	1	5. SEX	8. AGE (II	n yrs. last		IF UNDER 1 YEA	-	ER 24 HRS.		TE OF BIRTI		6. BIRT		CE (State or	Foreign
	214-03-5500		1 📉 M 2 🗌 F	8	84	YRS.	ONTHS DAY	YS HOURS	MIN.		- 5 -				and	
	9e. FACILITY NAME (If not instit	ution, give :	street and number)				9b. CITY, TOV	WN OR LOCA	TION OF DE	EATH		9c. (COUNTY OF	DEATH	í	
DIRECTOR	MONTGOMERY G		AL HOSPIT	AL			OLNI	EY,					MONTO	OME	ERY	
ž I		Ob. COUNT					TOWN OR LO							10d.	. INSIDE CI	TY
		Monte	gomery			Gai	thers								YES 2	
LONERAL	9801 Watkins	s Roa	ad					101. ZIP CO 208				10g.	USA	WHAT	COUNTRY	?
5	11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 - NO	IED O	If yes	DECENDENT s, specify Cu YES 2 X N	ben, Mexica	in, Puer			Bla	ick, Wh	American in lite, etc. Whit	
COMPLETED	15. DECED (Specify only hi	ENT'S EDU					SUAL OCCUP		rkina		16b. KIND O	F BUSINESS	INDUSTRY			
į	Elementary/Secondery (0-12	-	College (1-4 or 5	+)	Me. I	Do NOT use	ork done during most of working retired.)									
	7		0		H	ouse	Paint	er			Pain	ting				
	17. FATHER'S NAME (First, Midd	.,,							OTHER'S NA				•			
	William E.		tchley					_	Lydia							
	19e. INFORMANT'S NAME (Type				1		ADDRESS (Str									
	Nellie M.				_		nksia			rede						
	20a. METHOD OF DISPOSITION 1 Straight Buriel 2 □ Cremation	3 🗌 Ren	noval from State	20b.	other plac	00)	TION (Name o			~	1		N — City or			
	4 Donation 5 Other (S) 21. SIGNATURE OF FUNERAL II		CENSEE		U	larks	burg	Metho			n.	Clar	ksbur	g,	Mary.	Land
Ì	21. SIGNATURE OF FUNERAL	1	1	her	/			furiel			בד		7 77			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events resulting in death) LAST															
- 11	PART II. Other significant	anditio	no contribution to	donth h				4.4	t t-	David I	T			45 1455	DC 4177000	V 57101100
	PANI II. Other significant	Conditio	ns contributing to	o death bi	ut not re	esulting in	n the under	riying ceus	e given in		PI	AS AN AUTO ERFORMED? (ES 2 X N		COL	ILABLE PRIMPLETION C DEATH?	OF CAUSE
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHER:	26. PLACE OI	F DEATH (Ch	neck onl	y one)					
	1 TYES 2 NO		1 Ninpatient 2		ationt 3	□ DOA	4 - Nursing					··				
		1 Natural 5 Pending Worth, pay-leaf) INJURY WORK?														
- 1	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural Ros City or Town, Street								Il Route	Number,						
201111	(Original dring		SICIAN: To the best of											e(e) end	d menner «	re stated.
7	29h. SIGNATURE AND PITLE O	е сенти	mala	er C	su,	P.		I I	35	MBER 3	12	29d	DATE SIGN	ED (Mo	nth, day to	0
2	ERNOS	10/	MALA	ve	10	110	26	001	RGi.	17	AV	'e. L	V/k4	10	n A	1000
	31. DATE FILED (Marth, Day,)		APR 1 0 1	990 990	ATURE Sul	in New	idoon-19	andelle								1000

DHMH-18 Rav 1/89

VIRGINIA

DIRECTOR

4. SOCIAL SECURITY NUMBER

577-58-1994

RESIDENCE OF DECEDENT

9e. FACILITY NAME (If not institution, give street end number)

YOSHISHASHI

MONTHS

toc. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

BETHESDA

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

ā	VIRGINIA FAIR	FAX		1	VI	LENNA					t [YES 2 X NO
4	too. STREET AND NUMBER						P CODE			10g. CITIZEN	OF WHA	T COUNTRY?
ER/	10041 GARRETT ST	REET					2218	1		IINTT	ED S	TATES
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 1	RMED NO		WAS DECENI If yes, epecif 1 YES 2	DENT OF HISPAN by Cuben, Mexica	IIC ORIGIN? n, Puerto Ri	(Specify Yeelcan, etc.)		-	American Indien,
E	t5. DECEDENT'S EDUC (Specify only highest grade	CATION Completed	16a. DE	ECEDENT'S	USUAL O	CCUPATION	f working	16b.	KIND OF BUS	INESS/INDUS	TRY	
COMPLET	Elementary/Secondary (0-12)	College (t-4 or 5+) 5+	life		M.C.	during most o		D	EFENS:	E		
E CON	17. FATNER'S NAME (First, Middle, Lest) EDMUND CARLE	Y				10	b, mother's na MAI	ME (First, M RY EA		Surname)		
OB	19e. INFORMANT'S NAME (Type/Print)		t9	b. MAILING	ADDRESS	S (Street and	Number or Rural i	Route Numbe	er, City or Tow	n, State, Zip Co	ide)	
F	VICTORIA CARLEY			1001	4 GA	RRETT	STREET	, VI	ENNA,	VA 22	180	
	20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Remote A Donation 5 Other (Specify)	oval trom State	other pi	lace)			ory, crematory or Cemete:	cy		cation – cm ington		sum rginia
	21. SIGNATUS OF FUNERAL SERVICE LICE	Mulis	1		M	loney	& King Maple	Vien				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	MONIA AS A CONSE	OUENCE O	F):							Onset and Dea
MEDICAL	PART II. Other significant condition	s contributing to dar	ath but not	resulting	in the ur	nderlying o	cause given in	Part I.	24a. WAS AN PERFOR	RMED?	CC OF	ERE AUTOPSY FINDIN MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					28. PLAC	E DF DEATH (C)	eck only on	9)			
SIC	EXAMINER? 1 YES 2 X ND	HOSPITAL:	R/Outpatient	3 🗆 DOA	OTHE		5 🗆 Residence	8 🗆 Other	(Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	27. MANNER OF DEATH t 💟 Netural 5 🗆 Pending								NJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									te Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my										nd manner ee stater
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Die	m	D			19c, LICENSE NU		VA)			Jonth, Day, Year)
TO BE	D V 11 0.0 1	a la la la la la la la la la la la la la			e, Print)	0		41 (► AP	R16	

THOMAS FRANCIS CARLEY

6. AGE (In yrs. last birthday)

88

5. SEX

NATIONAL NAVAL MEDICAL CENTER

tob. COUNTY

1 M 2 - F

NEW YORK

MONTGOMERY

BETHESDA, MD 20814-5011

9c. COUNTY OF DEATH

3. TIME OF DEATH

tod. INSIDE CITY

t 🗌 YES 2 💢 NO

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

10:27 8. BIRTHPLACE (State or Foreign Country)

P_M

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

JUNE 5 1901

APRIL 13 1990

DNMH-18 Rev 1/89

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	96	e 5		1
CALL INCIDE, INC	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shi		the second section of the second section is a second section of the second section section section sections sec
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Z	9	fter	ath	
DIVISION OF VITAL PECONDS, 1.0. DOX 10149,	9	A:A	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE O		NTAL HYGIENE REG. NO.					
	1. OECEDENT'S NAME (First, Aliddle, Last)	ROYAL E. COUN	CILMAN		DATE OF DEATH DAY	90 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 468-67-1453	5, SEX 6, AGE (In yrs. let	st birthday) IF UNDER 1 YEA MONTHS DAY	S HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country)				
NC SR	Se. FACILITY NAME (If not institution, give sime	nd number)	96. CITY, TOW	ON OR LOCATION OF DEATH	96	Baltimore				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY R	altimore	10c. CITY, TOWN OR LO	cation,		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL D										
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	NO If yes	DECENOENT OF HISPANIC Co., specify Cuban, Mexican, Po		No- 14. RACE - American Indian, Black, White, etc. Specify: White				
	15. DECEDENT'S EDUC. (Specify only highest grade of	ompleted) ((ECEDENT'S USUAL OCCUP. Give kind of work done during e. Do NOT use retired.)	ATION most of working	16b. KIND OF BUSINE	ESS/INDUSTRY				
once.	Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +) 4	Retired Acco		E. H. Be					
111 m	Elmer Counci		Oh MAII ING ADORESS (Str.	Juel set and Number or Rural Route	McDonald	State Zin Code				
TO BI	R. James Councilm			Court, Cock						
must be	20s. METHOD OF DISPOSITION 1 M Burlal 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	ather c	ey Valley Me	cometery, crematory or em. Gards.4-		monium, Md. 21093				
or removal. medical examiner must	21. SIGNATURE OF FUNERAL SERVICE LICE Wallace S		Ruck	E AND ADDRESS OF FACILI Towson Fun York Road,	eral Home	, Inc. Md. 21204				
medical	23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such ea cerdlec or reepiratory errest, enock, or heart fellure. Liet only one ceuse on each line.									
E 0	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) e. 945TRO TATESTINAL HEAVERHAGE days									
ental Hygiene prior to burial, crematic ry, or other traumatic event, th CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate consequence of the conditions of the condit									
일을	PART II. Other significant conditions	contributing to death but not	resulting in the under	lving cause given in Pa	rt I. 24s, WAS AN AU	JTOPSY 24b. WERE AUTOPSY FINDINGS				
n the State Dept. of Health and Me. 1, or item 23 shows any injur HYSICIAN: MEDICAL	1) Cirrhosis	2 Necre		vA VA	PERFORMI	COMPLETION DE CAUSE				
23 sh	25. WAS CASE REFERRED TO MEDICAL	U		6. PLACE OF DEATH (Check	only one)	1 6				
	EXAMINER?	HOSPITAL: 1 Minpatient 2 - ER/Outpatient	OTHER:	Home 5 Residence 8						
s marked, or BY PHY	27. MANNER OF OEATH Natural 5 Pending Investigation	28e. OATE OF INJURY (Month, Day, Year)	BNJURY	WORK?	8d. DEŞCRIBE HOW INJ	URY OCCUREO				
28 I	2 Accident 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, factory,	office 2	81. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,				
	(Check only	CIAN: To the best of my knowledge,								
E S	29 MEDICAL EXAMINE 299 SIGNATURE AND TITLE OF CERTIFIES		or investigation, in my opini	29c LICENSE NUMBI		due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)				
IMPOR IMPOR	30, NAME AND ADDRESS OF PERSON WH	CO CO CO CO CO CO CO CO CO CO CO CO CO C	- J	1711	66	16/10/10				

AND ADDRESS OF PERSON WHO COMPLETED CAUSE ON DEATH (ITEM 27) (Type, Print)
TVPLICE B FUR LONG TR MU)

79 1990

32. REGISTRAR'S SIGNATURE

Bada in

*

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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EDWARD WILLIAM CAMPBELL A 7. DATE OF BIRTH (Month, Day, Yea 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Foreign DAY 1 XXM 2 - F 87 218-10-0962 10/23/1902 NORTH CAROLINA Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY DIRECTOR SINAT HOSPITAL OF BALTIMORE 10d. INSIDE CITY
LIMITS?
YES 2 NO 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE CITY permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3800 W. BELVEDERE AVE. 21215 U.S.A. use as the bunal-transit APT. 303 after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Ricen, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2XX Merried Specify. BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY KINGS APOSTLE HOLINESS director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) CLERGY/MINISTER CHURCH OF GOD once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) BILL ĕ CAMPBELL В. NETTIE 38 BOYD notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RANDALLSTOWN, MD. 2 MR. JOSEPH R. CAMPBELL 3985 WHISPERING MEADOW DR., be METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must DRUID RIDGE CEMETERY PIKESVILLE, MARYLAND Other (Specify) 22. NAME AND ADDRESS OF FACILITY ONES, INC. examiner the funeral 21216 2501 GWYNNS FALLS PKWY., BALTIMORE, medical Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. nding physician and completely filled in by Hygiene prior to burial, cremation, or remo Approximata Interval Batween Onset and Death **IMMEDIATE CAUSE (Final** the disease or condition peration reaulting in desth) event. DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): vasanla traumatic CERTIFICATION Sequentially list conditions, been signed by the attending physician att. of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING Hypertension
DUE TO OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events other resulting in death) LAST 0 iniury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO Shows any COMPLETION OF CAUSE YES 2 OF DEATH? 1 YES 2 NO has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h Hem EXAMINER? HOSPITAL: OTHER: NO 1 TES 2 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked. Natural 2 Accider 6 Pending 1 YES 2 NO THE FUNERAL OR ATTENDING P THE FUNERAL DIRECTOR: After t filed within 72 hours after death BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 59 a Could not be COMPLETED 4 Homicide 28 determined Item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, end dua to the cause(e) and manner ee stated. TO THE FUNERAL (
De filed within 72 h

IMPORTANT: If II (Check only one) MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 286. SIGNATURE AND JUTLE OF DERTIFU 29c. LICENSE NUMBER BE 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print WO DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

KAPLAN, MD

32 REGISTRAR'S SIGNATURE

APRI 9 1990

BALTIMORE, MARYLAND 21203-3146 rs after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detached. al.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the hosp

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	FOR STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR ERTIF					MENTAL	HYGIEN REG. NO	Ε			
	1. DECEDENT'S NAME (First,	, Middle, Last) Berni	æ		Cor	nish				MONTH	.2-90	AY	YEAR		IME OF OEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les		IF UNDE		IF UNDER	24 MDC		OF BIRTH		a pipt	_	25AM M
	214-18-376		1 M 2 XXF		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	010	Coun	try)	
	9a. FACILITY NAME (If not in	/		70		ob CIT	Y, TOWN O	O LOCATI			14, 1		Mai		
œ	1714 Morel											Jan. 000		DEATH	
FUNERAL DIRECTOR	RESIDENCE OF DEC	CEDENT	enue			B	altir	nore	City	7		<u></u>			
띭	10a. STATE	10b, COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d.	. INSIDE CITY LIMITS?
<u> </u>	Maryland				Ba1	timo	re							1₹	XYES 2 NO
\¥	10e. STREET AND NUMBER						101.	ZIP COD	E			10g. CIT	IZEN OF	WHAT	COUNTRY?
삘	1714 Morela	nd Aver						1216				U.S			
	11. MARITAL STATUS 1 Never Married 2	Mandad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	RMED NO					IIC ORIGIN	? (Specify Yes	or No-	14. RAC Black	CE — A	American Indian, illa, etc.
BY	3 Wildowed 4 Olvo		IF YES, GIVE W				1 TYES	2 NO	Specify	r.			Spe		D11-
		EOENT'S EOUC	ATION	16a, Di	ECEDENT'S	USUAL C	CCUPATIO	N N		16b.	KIND OF BU	SINESS/IN	DUSTRY		Black
		y higheat grade o		(0	Give kind of a. Do NOT u	work done	during mod	st of worldi	ng	2.000					
립	High School	0-12)	College (I-4 of 5	"	Co	ok									
COMPLETED	17. FATHER'S NAME (First, M	fiddle, Last)			CC	O.K.		18. MOT	HER'S NA	ME (First, A	liddle, Malden	Surname)			
								Ne	11ie	Mea	uav				
BE (19a. INFORMANT'S NAME (Type/Print)		15	b. MAILING	ADDRES	S (Street a				er, City or Tow	n, State, Zi	p Code)		
2	Joan Kunike	n			115	Sout	h Fu	1ton	Ave		Baltin	nore.	Mai	rv1	and 21223
	20a METHOD OF DISPOSIT		and from Chata	20b. PLACE other p	OF DISPO	SITION (N	ame of cen	netery, crer	natory or			CATION -			
	4 Donation 5 Other		Val Irom State	Arbut		lemor	ial	Park			Bal	timo	re (Cou	ntv. MD
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE /	_	0		NAME AN			CILITY					omes, Inc.
	1/25	MOM	M d	Such	ell	25	01 G	wynn	s Fa	11s	Pkwy.	Bal	to.	, M	D 21216
	23. PART I. Enter the d	liseases, or c	omplications the	it caused the d	eagh/Do	not ente	r the mo	de of dy	ing, suc	h ae card	lec or reep	iratory er	reet,		Approximate
	shock, or h IMMEDIATE CAUSE (Fli		List only one cau	use on each iln	4									i	interval Between Onset end Death
H	disease or condition	→ .	Arteri	osclero	tic c	ardi	Lovas	cula	r di	seas	e			ĺ	
	resulting in death)		B+	(OR AS A CONSE											
z			L												
ERTIFICATION	Sequentially list condit if any, leading to imme	diate	OUE TO	(OR AS A CONSE	QUENCE C	F):								Ī	
2	cause. Enter UNDERLY CAUSE (Disease or Inju		h											_	
ᄩ	that initiated events resulting in death) LAS		OUE TO	(OR AS A CONSE	QUENCE C	F):								i	
	Todaling in dealing che		1,												
٦	PART il. Other algnifice	ent conditions	n contributing to	death but not	resulting	in the u	nderlying	g cause	given in	Part I.	24a. WAS AN		24		RE AUTOPSY FINOINGS
EDICAL										_	PERFO			CO	ILABLE PRIOR TO MPLETION DF CAUSE OEATH?
밀										_			_		YES XX NO
¥										_	INSPE	CTIO	N		-
Ĭ X	25. WAS CASE REFERRED T	TO MEDICAL						ACE OF D	EATH (Ch	eck only on	0)				
S	EXAMINER?		HOSPITAL: 1 Inpatient 2	☐ ER/Outpetient	3 🗆 DOA	4 Nu		e X⊠ R	esidence	a 🗆 Other	r (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28a, DATE OF	F INJURY Day, Year)	26b. TII	NE OF	28c. INJ	URY AT		28d, DES	CRIBE HOW	O YRULMI	CCURED		
BY	XXXetural 5 2 Accident	Pending Investigation	(М		YES 2	NO						
ED 8	3 Sulcide a	Could not be	28a, PLACE (building	OF INJURY - At h	ome, farm,	street, fa	ctory, offic	•		28f. LOC C/ty	ATION (Street or Town, Stete	and Numbe	er or Rura	l Route	Number,
	4 Homicide	datarmined													
12	29a. CERTIFIER 1 CER	TIFYING PHYSIC	CIAN: To the best of	f my knowledge, d	leath occur	red at the	time, date	and place	, and due	to the cau	ise(e) end me	nner as st	nted.		·
COMPLET		DICAL EXAMINE	R: On the basis of a	xamination and/or	rinvestigati	on, In my	opinion, d	leath occu	red at the	lime, data	and place, a	nd due lo l	lhe cause	(a) and	d menner as stated.
w	29b. SKINATURE MAD TITLE	OF CERTIFIER							ENSE NUI	MBER					nth, Day, Year)
TO BE	4	- Br	1					0	CME			▶ 4	-12-	-90	
				SE OF DEATH (ITI											

111 Penn Street, Baltimore, MD 21201

once. Ħ notified pe must examiner the medical event, other traumatic 6 shows any injury, item 23 6

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

						30	10472
FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC	ENT OF HEALTH	AND MENTAL HY	GIENE G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	R. Car	TeR	1	2. DATE OF DE	1 7º2 14	477	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	200	UNDER 1 YEAR IF UNDER :	(North, Day,)	1907 COPI CL	8. BIRTHI Country	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give	. 3		. CITY, TOWN OR LOCATIO			NTY DE DE	DRIUM
GB.C.D			Towso		BA	L	MORE
10a. STATE 10b. COUNT	ſΥ	10c. CITY, T	OWN DR LOCATION				10d. INSIDE CITY
Mapylana Rai	79.00 T	11.	THERVIL	21			1 YES 2 NO
10e. STREET AND NUMBER	21 11.10 VS	1 50	10f, ZIP CODE	<u> </u>	10g. CIT	IZEN OF W	HAT COUNTRY?
817 BRADE	080 P. RC	10		93	100.011	12 0	^
11. MARITAL STATUS	12. WAS DECEDENT EVER II			F HISPANIC ORIGIN? (Spec	cify Yes or No-	14. RACE	— Amarican Indian.
1 Never Married 2 Married	FORCES? 1 YES	2 ND	If yes, specify Cuban	, Maxican, Puerto Rican, a Specify:		Black	t, White, atc.
3 Widowed 4 Divorced	IF TES, GIVE WAR DR D	RIES	1 TYES 200 NO	Specify:		Specif	TIL
15. DECEDENT'S EDU (Specify only highest grad	UCATION	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND	DF BUSINESS/IN	DUSTRY	11
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use re	done during most of working tired.)				
8 YRS.		LT. Loc	1. S. U. G.	DAVY	FID. (100	1.
17. FATHER'S NAME (First, Middle, Last)	_		16. MOTH	ER'S NAME (First, Middle,			
DANIEL	LARTER			Zinnzl			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street and Number	or Rural Route Number, City	or Town, State, Zi	p Code)	
FAMILY KE	COROS	SE	ms. As	ABOVE			
20a. METHOD OF DISPOSITION	200	. PLACE OF DISPOSITI	ON (Name of cemetery, crem-	atory or :	Oc. LOCATION	City or To	wn, State
1 Donation 5 ☐ Other (Specify)	noval from Stata	PARKW	ms I rec	VOSTS	Packv	2 (1.	· Ma.
21. SIGNATURE OF FUNEMAL SERVICE L	Mario		22. NAME AND ADDRES	S OF FACILITY OF	Collin	230	ium
23. PART i. Enter the diseases, or ahock, or heart failure.		d the death. Do not	anter tha mode of dyle	ng, such as cardiac or	respiratory ar		Approximate Interval Between
IMMEDIATE CAUSE (Final	A.	3 /					Onset and Death
disease or condition resulting in death)	· AL	50 177					5-400
	OUE TO OR AS	A CONSEQUENCE OF		-			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS a	A CONSEQUENCE OF):					
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS a	A CONSEQUENCE OF);	72 73 73 75 75 75 75 75 75 75 75 75 75 75 75 75	V			
PART II. Other aignificant condition	ons contributing to death	out not resulting in t	tha underlying cause g	iven in Part I. 24e.	MAS AN AUTOPSY PERFORMED?	245	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
(0)	andry	21750	Gove	4 44	YES 2 ND		COMPLETION OF CAUSE OF DEATH?

1 -

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

PART II. Other aignificant

26. PLACE OF OEATH (Check only one)

1 YES 2 NO

25. WAS CASE BEFERRED TO MEDICAL EXAMINER?

HOSPITAL: OTHER:

4 Nursing Home 5 Residence 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCUREO

1 YES 2 ND 27. MANNER OF DEATH

1 Notural

2 Accident

29a. CERTIFIER

(Check only one)

26a. DATE OF INJURY (Month, Day, Year) 6 Pending Investigation

28c. INJURY AT WORK? 28b. TIME OF INJURY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

3 Suicide 6 Could not be determined 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death data and place, and due to the cause(a) and manner as stated

MEDICAL EXAMINER: Dn the b

PREGISTRAR TOURNATURE

29d. DATE SIGNED (Month, Day,

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	1		2. DATE OF DEATH	y year	3. TIME OF DEATH
BERTHA P. DeGRAW				7 1990	7:25 A M
		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
213-42-3701 1 D M 2 🔀 F	88 YRS. M	ONTHS DAYS HOURS MIN.	Aug. 14,19		
9a. FACILITY NAME (if not institution, give street and number)	1	b. CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF	DEATH
EDENWALD		TOWSON		BALT	TIMORE.
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c CITY	TOWN OR LOCATION			10d. INSIDE CITY
(12/3/24) W 197	Tows				LIMITS?
Maryland Baltimore 10e. STREET AND NUMBER	10	10f. ZIP CODE		10a, CITIZEN OF	WHAT COUNTRY?
800 Southerly Rd.		21204		U.S.A	
11. MARITAL STATUS 12. WAS DECEDENT EV		13. WAS DECENDENT OF HISPAN		or No.— 14, RA	CE — American Indian, ck, White, atc.
1 Never Married 2 Married FORCES? 1 Never Married 3 X Wildowed 4 Divorced		If yes, specify Cuban, Mexica 1 ☑ YES 2 ☐ NO Specify		Spe	icity:
	45- 000000000000000000000000000000000000	Mexican	I 401 1/11/2 05 01/2		xican
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of wo	rk done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5 +)	Homemake	•	O II.		
17. FATHER'S NAME (First, Middle, Last)	nomemake		Own Ho		
Jean Peon Del Valle		And a result -	a Varona		
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	ODRESS (Street and Number or Rural		n, State, Zip Code)	
lo D. Mears	132 G1	reenmeadow Dr.,	Timonium,	Md. 210	93
20a. METHOD OF DISPOSITION 1-Q Burlet 2 □ Cremetton 3 □ Removal from State	20b. PLACE OF DISPOSIT	FION (Name of cemetery, crematory or	20c. LO	CATION — City or	Town, State
4 Donatton 5 Other (Specify)	Dulaney Va	alley Mem.Gdns.	4/19/90 T:	imonium,	Md.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILITY TOWSON	MD. 212	204
Wallace S. Brown	S. D.	RUCK TOWSON F			
23. PART I. Enter the diseases, or complications that ca		t anter the mode of dying, suc	h as cardiac or respi	ratory arrest,	Approximata
shock, or hasrt failure. List only one cause to IMMEDIATE CAUSE (Final	on aach iina.	1 +	1		Intarval Batween Onset and Death
disease or condition resulting in death)	Hum Sa	landic a	islase		
	AS A CONSEQUENCE OF	0 /			
Sequentially list conditions,	OSteva	4 Huhr			
if any, leading to immediate	AS A CONSEQUENCE OF	- V			
cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF	gross			-
that initiated events resulting in death) LAST	as a sometaning or,				
d					
PART ii. Other aignificant conditions contributing to des	th but not resulting in	tha underlying cause given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
			1 _ YES 2	NO	COMPLETION OF CAUSE DF DEATH?
<u></u>					1 WES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C/	, ,		
1 YES 2 NO 1 Inpatient 2 ER		OTHER: Nursing Home 5 - Residence			
27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJI (Month, Day, N		HY WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED	
2 Accident Investigation	JURY — At home, ferm, st		28f. LOCATION (Street	and Mumber or Dum	al Boude Mumber
3 Suicide S Could not be detarmined 28s. PLACE OF IN building, etc.	(Specify)	est, factory, office	City or Town, State)	and Number of Hore	ii rodie ridinoei,
29e. CERTIFIER				over the second	
CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basic of examiner.	-		* *		e(a) and manner on stated.
/ -	7				f
29b. SIGNATURE AND TITLE OF CERTIFIER	ol al	29c. LICENSE NU	7761	29d. DATE SIGN	ED (Month, Day Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type.	Print)	, , \		1 1 1 -
33 44335 543 44545		- Rullin	is kd /	300 Ho	
31. DATE FILED (Mogth, Day, Year) 32. BEGISTRAR'S	SIGNATURE	-KU)		
II APRIGIUMI Leek: K.	dron- Rando De		V		

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It leem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. APRI M9"1990"

1. DECEDENT'S NAME (First, Middle, Last)	Emadam	i ala						2. DATE	OF DEATH DA	× 16	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	Freder: 5. SEX 6	. AGE (In yrs. last		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (of BIRTH Day, Year)	101	6 BIRTH	IPLACE (State or Foreign aryland
90. FACILITY NAME (If not institution, give stre	Λ.	76	Tho.	AL OUTY	TOWN O	0.100171	011 05 0		liber 3	_		
						R LOCATE	ON OF D	EATH		9c. COU	NTY OF D	EATH
Union Memorial Ho		Bal	Ltim	ore								
10a. STATE 10b. COUNTY Maryland Balto	town o								10d. INSIDE CITY LIMITS? XXYES 2 NO			
100. STREET AND NUMBER	or ore,			4101		ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
3939 Roland Aver	nue A					212	11			U.	S.A.	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAS	YES 2 X N			yes, ep		n, Maxica	an, Puerto R	? (Specify Yes lican, etc.)	or No—	Spec	E — American Indian, k, Whita, etc. #y: White
15. DECEDENT'S EDUCA (Specify only highest grade of	ITION	16a. DE	CEDENT'S I	USUAL OC	CUPATIO	N		16b.	KIND OF BUS	SINESS/IN		WHILE
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ho.	Do NOT use	retired.)		St OF WORM	N.					
11 th		S	alesp	erso	n			D	epart	nent	Sto	:e
17. FATHER'S NAME (First, Middle, Last)							_		fiddle, Maiden			
William E. Gaines	3								Bareh			
19a. INFORMANT'S NAME (Type/Print)		198							er, City or Tow			44 4 4 /0
Thelma Gardiner							200	Balto	-	-		11 Apt. 40
20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remove	ral from State	20b. PLACE other pla	ice)				natory or				City or To	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUERIAL SERVICE LICE	NSEE	Par	kwoo				SS OF E	AC# ITV				Maryland
	Burger	Henr	15)						urgee- Baltim			neral Home
23. PART i. Enter the diseases, or co	mplicetion that	aused the de	ath. Do n									Approximate
ehock, or heert feliure. L												Interval Betwee
disease or condition resulting in desth)	Ovarra	ESPIRATOR	ry	FA	Luz	18						2/2 hu
) OF 30d	H AS A CONSEC	JUENCE OF	·):		2 0		A	1 ~			
Sequentially list conditions, b.	DUE TO (O	R AS A CONSEC	DUENCE OF):	n a	ely		edestad	ec			
If any, leeding to immediate ceuse. Enter UNDERLYING												ļ
CAUSE (Diseese or injury that initiated events	DUE TO (C	R AS A CONSEC	QUENCE OF):								
resulting in death) LAST												1
PART ii. Other significent conditions	contributing to d	eath but not r	esulting i	n the un	derlyln	COURA	given in	Part i	24a. WAS AN	AIIMPSY	241	. WERE AUTOPSY FINDING
									PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 TYES 2	NO		OF DEATH?
											- 1	1 YES 2 TNO
25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF C	EATH /C	heck only on	e)	-	1	
	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER A Num	₹:			6 🗆 Other				
27. MANNER OF OEATH	28a. OATE OF II	JURY	28b. TIMI	E OF	28c. INJ	URY AT	a and a roa	_	CRIBE HOW I	NJURY O	CUREO	
1 Natural 5 Pending	(Month, Day,	Year)	INJ	URY M		RK? (ES 2 [NO					
to contact of	28e. PLACE OF building, at	INJURY — A1 ho	me, farm, s	treet, fact	ory, offic				ATION (Street or Yown, State)		or Rural	Floute Number,
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined												
2 Accident Investigation 3 Suicide 6 Could not be determined												
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	IAN: To the best of m											\

	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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î	d with	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	even
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	ath c	tend al Hy	. 0
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	FOR STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF H				GIENE			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D				IME OF DEATH
	Andrew J	James John	Fra	nklin			MONTH O4	14	9 C		4:52 PM
	4. SOCIAL SECURITY NUMBER		vra last birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BI (Month, Day,		8. BIF	THPLAC	E (State or Foreign
	216-03-5200	1 1 M 2 D F 84	YRS.	MONTHS DAYS	HOURS	MIN.	June 2				vland
	9a. FACILITY NAME (If not institution, give st		1	9b. CITY, TOWN	OR LOCATI	OH OF OE		The second second	COUNTY OF		
<u>م</u>	St. Joseph's Hos	nital	101	Tow	son				В	alti	more
DIRECTOR	St. Joseph's Hos	prediction								artii	nor e
	10a. STATE 10b. COUNTY	6000 W	10c, CI1	ry, town or loca	LIOH					10d.	INSIDE CITY
ā	Maryland Ba	<u>Itimore Count</u>	ŷ .	Sparks						1 [YES 2 HO
FUNERAL	10e. STREET AND MIMMER			10	f. ZIP COD			10g.	CITIZEH O		COUNTRY?
E I	16604 Dubbs R	load it			2	1152	2.7		USA	1	
5	11. MAHITAL STATUS	12. WAS DECEDENT EVER IN U FORCES? 1 YES					HC ORIGIH? (Sp		14. R/	ACE - A lack, Whi	merican Indien, Ite, etc.
ВУ	1 Hever Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			2X NO			,	Sp	sectly: V	Vhite
	15, DECEDENT'S EDUC	ATION (t- DECEDENTS	USUAL OCCUPATION	ON		105 VIII	OF BUSINES	e //MDIJETO		
Щ	(Specify only highest grade	completed)		work done during me		ng	100. KINL	OF BUSINES	S/INDUSTRI	ı	
니쁜	Elementary/Secondery (0-12)	College (1-4 or 5+)		onics Te	chn	ician	M:	artin-N	lario	tta.	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						ME (First, Middle			Lta	
	Charles Franklin					Ella	me (rina, middle	Sauei			
BE	190. IHFORMAHT'S NAME (Type/Print)]	195 MAILIN	G ADDRESS (Street)			Bruda Number Ci				
입	Mr. C. Robert F	ranklin		04 Dubb							152
	20a. METHOD OF DISPOSITION			SITION (Name of ce			Spark:	20c. LOCATIO			
	1 Burial 2 Cremation 3 Remo	oval from State	ther place)	ematory		natory or		Cator			
	4 Donation 5 Other (Specify)		Z/	22. HAME A		SS OF FA	CILITY	Cator	15 V I I I	e, 1	via.
		marien Of	Wson				ell-Wie	defeld			
		mar an D. La	173011	Timo	nium	. Ma	aryland	2109	3		
	23. PART I. Enter the diseases, or o	Dmplications that caused t		not entar tha mo	oda of dy	ing, suc	h aa cardlac	or reapirator	y arrest,		Approximata interval Batween
	IMMEDIATE CAUSE (Final									ļ	Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A C									DAYS
1										-	
Z	Sequentially list conditions,	PNEUT	10 N 1/	1							WEKS
Ĕ	if any, leading to immediate	DUE TO (OR AS A C	OHSEQUENCE (OF):						1	
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C	ONECHENCE	nn.							· · · · · · · · · · · · · · · · · · ·
	that initiated events	DOE TO (OR AS A C	ONSEQUENCE (лг);						i	
CERTIFICATION		d								-i	
-	PART II. Other aignificant condition	a contributing to death but	not reaulting	in the underlyin	g cause	given in	Part I. 24a	WAS AH AUTO			RE AUTOPSY FIHDINGS
MEDICAL	homemoic c	A w/ met	marke	insolve	-w	JY	7 2 1	PERFORMED		CON	ILABLE PRIOR TO MPLETION OF CAUSE
8	2 6 3 0	A w/ met		0 14				Teo I gg I	<u> </u>		DEATH?
	and a grand	ago) Rum	June	ecua-							, 120 1
M	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF I	DEATH (Ch	neck only one)				
	EXAMINER? 1 YES 2 NO	HOSPITAL:	lent 3 DOA	OTHER:	na 5 🗆 B	lenklenca	8 C Other /Sn	ac/h/)			
PHYSICIAN:	27. MANHER OF DEATH	28s. DATE OF INJURY	28b. TI	ME OF 28c. IN	JURY AT	igald4rica		E HOW INJUR	Y OCCURE		
	1 Netural 5 Pending	(Month, Day, Year)	1 10		YES 2	NO					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, ferm	, street, factory, offi	Ce .		28f. LOCATIO	N (Street end N	umber or Ru	ral Floute	Number,
TED	4 Homicide determined	building, etc. (Specify	"				City or To	wn, State)			
LET	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowled	dge, death occur	red at the time dat	e end plee	e, and du	to the causele	end menner	e stated.		
COMP	[Crieck Orny	R: On the beele of examination								se(e) enc	d manner se stated.
8	29b. SIGHATURE AND TITLE OF CERTIFIES					EHSE HU					nth, Day, Year)
BE		AMINT 6	HYCE	CIAN	SAC CIC		6038		4/	14/	190

EPH

9 1990

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29c. LICEHSE HUMBER

36038 29d. DATE SIGHED (Month, Day, Year)

4/14/90 GOLDSCHMIDT PHYSICIAN 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) HOSPITAL 32 REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4/01/96

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF	HEALTH AND F DEATH	MENTAL HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Lest) EVELYN AGNES F	[ANDER	2) DATE OF DEATH MONTH DA 4 17					3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 433-09-0443	5. SEX 6. AGE (1	n yrs. last birthday) 7 YRS.	IF UNDER 1 YEAR	1	Cou	THPLACE (State or Foreign intry) W York			
9a. FACILITY NAME (If not institution, give str				n or Location of D	(Morith, Day, Year) 8/10/12 DEATH	9c. COUNTY OF	DEATH		
St. Agnes Hospit	tai		раті	Tillore					
10a. STATE 10b. COUNTY									
	timore		Catons				1 TYES 2 ND		
10e. STREET AND NUMBER				21228		U.S.	F WHAT COUNTRY?		
307 Kenwood Ave.	12. WAS DECEDENT EVER IN	III S ADMED	12 WAS 1	-110	NIC ORIGIN? (Specify Yes		ACE — American Indian,		
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes,	specify Cuban, Mexic (ES 2 RO Spec	en, Puerto Rican, etc.)	Bi	ock, White, etc. ec/ly: White		
15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S	vork done during	ATION most of working	16b. KIND OF BU	SINESS/INDUSTRY	,		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	e retired.)	0- VO., C					
		Home	maker						
17. FATHER'S NAME (First, Middle, Last)				The second second second	ame (First, Middle, Meiden ret Dickir				
Ernest Taylor 19a. INFORMANT'S NAME (Type/Print)		196 MAII ING	ADDRESS /Sim		I Route Number, City or Tow				
William Fiander		307	Kenwo	od Ave.	Baltimore,	Marylan			
28a. METHOD DF DISPOSITION 1℃ Buriel 2 □ Cremetion 3 □ Remo	wal from State	other place)		cemetery, crematory or		CATION — City or	Town, State		
4 Donation 5 Other (Specify)		restlawn		n of Memo		CIOLUSVI	ile, maryland		
ball all			Hubb	ard Funer	al Home, In Ave. Balt:		D 21229		
23. PART i. Enter the diseases, or co	omplications that caused	the death. Do r					Approximate		
shock, pr/heart fallure. L	list only one cause on e	ach line.					intarval Between Onset and Death		
disease or condition resulting in death)	CAMONIC	: New	AL F	BILURE					
	DUE TO (OR AS A	CONSEQUENCE OF	F):						
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):						
cause. Entar UNDERLYING CAUSE (Disease or injury									
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):						
PART il. Other algnificant conditions	a contributing to death b	ed not resulting	in the underl	ving cause given i	n Part I. 24e, WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS		
TAIT III GUIDI GUIGINGIA		at not recalling		yang ozzaso girom i	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
					1 TYES	LIND	OF DEATH? 1 YES 2 NO		
					-		I TES 2 NO		
25. WAS CASE REFERRED TO MEDICAL		· · · · · · · · · · · · · · · · · · ·	20	. PLACE OF DEATH (C	Check only one)				
EXAMINER?	HOSPITAL:	ontient 3 DOA	OTHER:	iome 5 🗆 Residence	6 Other (Specify)				
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c.	INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED)		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	"	M 1	WORK? YES 2 NO					
3 Suicide 6 Could not be determined	28e. PLACE OF INJURN building, etc. (Spe	— At home, farm, city)	street, factory, o	office	281. LOCATION (Street City or Town, State		ral Route Number,		
Check only	CIAN: To the best of my know	-							
2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation	on, in my opinio	n, death occured at ti	he time, date and place, a	nd due to the caus	se(s) and manner as atated.		
296. SIGNATURE AND THILE OF CERTIFIER	i ZESIDENT. IN	TENAIN	H-DICE!	29c. LICENSE N	UMBER	29d. DATE SIGN	NED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)						
ELMER E. HUERT	_		NOTAS	BU ISA	LAMORE , 0	10 212	29.		
31. DATE FILED (Month), Day, Year)	12. REGISTRAR'S SIGN	Jundell							



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	FOR 1 - STATE REGISTRAR	STATE OF MAR			TMENT OF			MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)						-	2. DATE	OF DEATH		EAR	3. TIME OF D	DEATH
	Linda	C.			Fid1	er		4	16		90	1:05	Р м
	4. SOCIAL SECURITY NUMBER		GE (In yrs. le		IF UNDER 1 YEA	_	IF UNDER 24 HRS.		OF BIRTH h, Day, Year)		BIRTH	PLACE (State o	or Foreign
	-17, 00 1170	1 🗆 M 2 💢 F	34	YRS.				09	08 5	5		RYLAND	
	9e. FACILITY NAME (If not institution, give stre		4 10				R LOCATION OF DE	ATH		9c. COUNTY	OF DE	ATH	
DIRECTOR	2420 Marbourn I	Road , Apt	• IB		Ва	<u>lt</u>	imore				_		
<u>ي</u>	10s. STATE 10b. COUNTY			1000	Y, TOWN OR LO	CATI	ON					10d. INSIDE (CITY
		ROLL		M	ILLERS							1 YES 2	Ж мо
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE					HAT COUNTR	Υ?
ב ב	4173 RUPP ROAD						21107				JSA		
	11. MARITAL STATUS 1 X Never Merried 2 Married	12. WAS DECEDENT EVI FORCES? 1 1 1	ES 2		If yes,	, spe	NDENT OF HISPAN city Cuben, Mexica	n, Puerto		or No — 14	Black	— American White, atc.	Indien,
	3 Wildowed 4 Divorced	IF YES, GIVE WAR O	H DAIES		1 1 1	YES	2 K NO Specify	/:			Specif	WHIT	Έ
3	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. D	ECEDENT'S	USUAL OCCUP	ATIO	N t of working	168	. KIND OF BU	SINESS/INDUS	TRY		
	Elementary/Secondery (0-12)	Collega (1-4 or 5+)			work done during se retired.)	, ,,,,,	. Or Working						
COMPLET			CI	LERK		_	500		INSURA				, <u> </u>
	17. FATHER'S NAME (First, Middle, Last) ALBERT FIDLER						JOY D			Surname)			
BE	19e. INFORMANT'S NAME (Type/Print)		100	DE MAILING	ADDRESS /Stra	201.00	JUI D			n State 7in Co	acto)		
임	FRANCIS FIDLER						D, MILLE				110	7	
	20+, METHOD OF DISPOSITION		20b. PLACE	OF DISPO		-	etery, crematory or	,		CATION — CIT			
	1 Burlel 2 X Cremation 3 Remote 4 Donation 5 Other (Specify)	val from State	GREE!	NOU NOU	NT CEMI	ET1	ERY		BAI	TIMORI	Ξ, 1	1ARYLA	.ND
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE /	p ()				D ADDRESS OF FA		THINI	DAT 11/)MT		
	> a gla	~ Heat	Sh				AN SEITZ ROLAND A					21211	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daath) a. Gunshot wound to head Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									and Death			
	CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):												
7	PART II. Other significent conditions	contributing to dea	th but not	resulting	In the underl	ylng	cause given in	Part i.	24a. WAS AN PERFO	RMED?	24b.	WERE AUTOP AMAILABLE PE COMPLETION	NOR TO
MEDICA									IA TES	I HO		OF DEATH?	□ NO
2												A	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL				B. PL	ACE OF DEATH (Ch	eck only o	ne)				
VSI(1 🔏 YES 2 🗆 NO	HOSPITAL: 1 Inpetient 2 ER/	Outpatient	3 🗆 DOA	OTHER: 4 - Nursing I	Home	5 🕅 Residence	a 🗆 Oth	er (Specify)				
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye	ear)	28b. TIR	JURY	WOR				INJURY OCCU			
2	2 Accident Investigation	4/16/9 28e. PLACE OF IN.					ES 2 NO			licte			
	Suicide 8 Could not be 4 Homicide determined	building, etc.	(Specify)		streel, factory,	office	1			and Number or			100
4	29e. CERTIFIER		hous							ourn l		Balto	, MD
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of my it: On the beste of examin) end manner	ee stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	1/1					29c. LICENSE NUI	MBER		29d. DATE S	SIGNED	(Month, Day, 1	(bar)
2	Munotane	They					OCME	1			4/1	7/90	
	30. NAME AND ADDRESS OF PERSON WHO Margarita A. Ko						111	Per	n St.	Balı	to.l	MD.	
	APRI 9 1990	32. REGISTRAR'S	SIGNATURE	92 -			÷-						
	ALKT A 1220 3	THE WELL WILLIAM	-Nasion										

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examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL OIRECTOR. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremat iMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremat IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,

1 - STATE REGISTRAR	STATE OF MAR			HEALTH AND F DEATH	MENTA	L HYGIENI REG. NO.	E	- 9	
1. DECEDENT'S NAME (First, Middle, Last) Bernard	0.	1	Gray		2. DATE MONT	OF DEATH DA 14		YEAR 90	3. TIME OF DEATH 10:40 A.
4. SOCIAL SECURITY NUMBER 214-54-6055	5. SEX 6. AV	GE (In yrs. lest birthday) 1 YRS.	IF UNDER 1 YEAR		7. DATE (Mont	of BIRTH th, Day, Year)		8. BIRTH Country	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give		1	9b. CITY, TOW	N OR LOCATION OF D		2 40	9c. COUN	TY OF D	
Liberty Medica			Bá	altimore					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry	ine Cr	TY, TOWN OR LO	CATION					10d. INSIDE CITY
MD	• •		aLTIMOR						LIMITS?
10e. STREET AND NUMBER			02121101	10f. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
317 N. Carey St.				21223				USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2XNO	If yes,	ECENDENT OF HISPA apocify Cuban, Maxic ES 2XXNO Speci	an, Puerto	N? (Specify Yes Rican, etc.)		Black Black	— American Indian, t, White, etc.
15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	S USUAL OCCUP/ f work done during use retired.)	ITION most of working	181	b. KIND OF BUS	INESS/INDU	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		•		_		D		
9th 17. FATHER'S NAME (First, Middle, Last)		Dailin	ore Cit	Ja. MOTHER'S N.		anitat		ерт.	•
George Holme	.s			Mary		rav			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stre	at and Number or Rural			n, State, Zip	Code)	
Bertha Dawkins		317	N. Care	y St. Bal	ltimo	re, MD	21	223	
20a. METHOD OF DISPOSITION 1 🕅 Burlal 2 🗆 Cremation 3 🗀 Red 4 🗆 Donation 5 🗀 Other (Specify)	moval from State	206. PLACE OF DISPO other place) Western		10-10-1			timor		wn, Stata
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	(c)	22. NAME	AND ADDRESS OF F					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiomyopathy Due to (or as a consequence of):									
Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PART II. Other algorificant condition Intravenous		th but not resulting	in the underly	ring cause given in	n Part I.	24a. WAS AN PERFOR 1 YES 2	IMED?	24b	. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
						INSPEC	TION		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C					
1 X X ES 2 □ NO 27. MANNER OF DEATH	1 ☐ Inpatient Ž\XER/		1	iome 5 Residence	_		NJURY OCC	URED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ar) II	M 1	WORK? YES 2 NO		28d. DEŞCRIBE HOW INJURY OCCURED 3			
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Route Number,	
(Onech unity	SICIAN: To the best of my i								a) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIF	ER			29c. LICENSE N	UMBER		29d. DATE	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	INO COMPLETED CAUSE OF	F DEATH (ITEM 27) (%	pe, Print)	OCM	E		•	4-1	5 - 90
Ann M. Dixon,				alto., Md	. 21	1201			
31APRI 97990 (a)	32HEGISTRAR'S	HGNATURE	227 24						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	1.	D	ECET	DEN'	r's	NA

STATE OF MARYLAND / DEPARTMENT DE HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) AGNES C. GEISSBERGER 2. DATE OF DEATH MONTH 4 - 1 3 - 1 9 4 2 M										
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 1 M 2 F F YRS. 8. AGE (In yrs. lest birthday) 1 NORTHS DAYS HOURS MIN. 1 NORTHS DAYS HOURS MIN. 1 NORTHS DAYS HOURS MIN. 1 NORTHS DAYS HOURS MIN. 1 NORTHS DAYS HOURS MIN. 1 NORTHS DAYS HOURS MIN. 1 NORTHS DAYS HOURS MIN.										
OR	96. FACILITY NAME (If not institution, give street and number) 95.05 RIDGELT AVE 21234 PARKVILLE BALTO, CO.										
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. LINSIDE CITY LIMITS? 1 YES 2 NO										
	100. STREET AND NUMBER 05.05 PIDAFLY AVE 101. ZIP CODE 21.234 109. CITIZEN OF WHAT COUNTRY?										
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — Armerican Indient, Black, White, atc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 16. RACE — Armerican Indient, Black, White, atc. 17. YES 2 No Specify:										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.) HOMEMAKER 16b. KIND OF BUSINESS/INDUSTRY										
	17. FATHER'S NAME (First, Middle, Leat) THOMAS COLEMAN 18. MOTHER'S NAME (First, Middle, Making Surrame) PMILLA KRAHN										
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	20e. METHOD OF DISPOSITION 1 Burlei 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)										
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY EVANS FUNERAL SHAPE 21, SIGNATURE OF FUNERAL SHAPE 22, NAME AND ADDRESS OF FACILITY EVANS FUNERAL SHAPE 23, NAME AND ADDRESS OF FACILITY										
	23. PART Enter the disease or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, sheek, or heart thirder. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE ORSE) DUE TO (OR AS A CONSEQUENCE ORSE) Myocordual ischamia										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST										
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 Yes 2 NO 226. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?										
PHYSICIAN: ME	1 YES 2 NO										
YSICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
BY PH	27. MANNER OF DEATH 28c. DATE OF INJURY 1 Naturel 5 Pending 2 Accident Investigation 28c. DATE OF INJURY (Month, Day, Year) M 1 TES 2 NO 28d. DE\$CRIBE HOW NJURY OCCURED NUMBER OF INJURY AT WORK? M 1 TES 2 NO										
	3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26b. LOCATION (Specific and Number or Rural Route Number, City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.										
BE	29b. SIGNATURE OF CENTIFIED AND 29c. LICENSE NUMBER DO 8192 29d. DATE SIGNED (Month, Pay, Year) 4 13/90										
5	30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PHIN) POSTHARFORD RD. BASTOMA 21234										
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 10 1990 DHMH-16 Rev 1/89										

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3	isit permiti. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21203-3146	death. Page 6 may be retained by the hospital or attending physician funeral director, page 5 should be detached for use as the burtal-transammer must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within July after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIFICA	ATE OF	DEATH		SIENE I. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MARY	Mary Virg	inia	Howai	rd	2. DATE OF DEA		3. TIME OF DEATH YEAR 70 4. 32 PM			
	4. SOCIAL SECURITY NUMBER 219-34-0663	1 - M 2 - 92	YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		7,1897	BIRTHPLACE (State or Foreign Country) Virginia			
TOR	96. FACILITY NAME (If not institution, give street Homewood South RESIDENCE OF DECEMENT		9b.	Balti	more	EATH	9c. COUNT	Y OF DEATH			
FUNERAL DIRECTOR	Maryland Bal	timore		own on Local utherv				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
NERAL	515 Towson Ave		//		21093	٠		USA			
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 XNO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexics 5 2 NO Specif	n, Puerto Rican, e		e. RACE — American Indien, Black, White, atc., Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16 completed) College (1-4 or 5+)	60. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mo lired.)	ON set of working		OF BUSINESS/INDU				
)MP	17. FATHER'S NAME (First, Middle, Last)		Housew	ите	10 MOTHED'S NA	ME (First, Middle, I	Homemak	er			
BE CC	John Carter				Marth	na Spinl	CS.				
10	Mrs. James E. Ho	ward					e, Md.	,			
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remo 4 Donalion 5 Other (Specify)	val from State	ther place)				m Phoe				
	21. SIGNATURE OF FUNERAL SERVICE LICE		zpiai Gro	22. NAME A	nd Address of FA	chell-Wi	edefeld	ma, ma.			
	23. PART I. Enter the diseases, or construction of heart feilure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that ceused it lat only one ceuse on each	th line.					Approximate Interval Between Onset and Death			
ERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions	contributing to deeth but	not resulting in the	ha underlyln	g cause given in	P	MS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	neck only one)					
SIC	1 YES 2 NO	HOSPITAL:		THER: Nursing Hon	ne 8 🗆 Residence	8 Other (Speci	fy)				
	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	W	JURY AT ORK? YES 2 NO	28d. OESCRIBE	HOW INJURY OCCU	PRED			
TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only one) 29										
BE	29b. SIGNATUBE AND TITLE OF CERTIFIER	chá Me	9		29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	MALLE	48R-J	BAITH	VORE . A	102121	R			
	APR1 91990 State	33. REGISTRAR'S SIGNAT			1	1.50 1					

LAN by the h	F F D =
	DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a strer death. Page 6 may be retained by the hospiton of the FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
retained 5 should	DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the safer death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in
RE, MARY may be retained I or, page 5 should ust be notified	DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the state of the transfer of the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical example example is the process of t
I IMORE, MARY 1. Page 6 may be retained I ral director, page 5 should viner must be notified	DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a tribute of the The UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi
BALTIMORE, MARY ther death. Page 6 may be retained to the funeral director, page 5 should roval. all examiner must be notified	DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely if within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
Salts (MORE, MARYLAND salter death. Page 6 may be retained by the hospi led in by the funeral director, page 5 should be detached t, or removal. medical examiner must be notified at once.	DIVISION OF VITAL RECORDS, P.O. BOX 1314 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buria, MPORTANT: If Ilem 28 is marked, or item 23 shows any injury, or other traumatic et
6, BALTIMORE, MARY within safer death. Page 6 may be retained I pletely filled in by the funeral director, page 5 should cremation, or removal.	DIVISION OF VITAL RECORDS, P. O. BOX OTHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be OTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior is MPORTANT; if item 28 is marked, or item 23 shows any injury, or other traus.
13146, BALTIMORE, MARY executed within state death. Page 6 may be retained I and completely filled in by the funeral director, page 5 should o burial, cremation, or removal. matic event, the medical examiner must be notified	DIVISION OF VITAL RECORDS, P.O. THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certif O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending se filed within 72 hours after death with the State Dept. of Health and Mental Hygle MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other
BALTIMORE, MARY ficate be executed within state death. Page 6 may be retained to physician and completely filled in by the funeral director, page 5 should be prior to burial, cremation, or removal. The prior to burial, cremation, or removal.	DIVISION OF VITAL RECORDS, OTHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the deson THE FUNERAL DIRECTOR: After this certificate has been signed by the at se field within 72 hours after death with the State Dept. of Health and Ment MPORTANT: If item 28 is marked, or item 23 shows any injury
structure be executed within a structure director, page 5 should be office physician and completely filled in by the funeral director, page 5 should all Hygiene prior to burial, cremation, or removal. or other traumatic event, the medical examiner must be notified.	DIVISION OF VITAL RECORD OF VITAL RECORD THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires the OTHE FUNERAL DIRECTOR: After this certificate has been signed as filed within 72 hours after death with the State Dept. of Health amportant; if item 28 is marked, or item 23 shows an
id by P. O. BOX 13146, after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should and Mental Hygiene prior to burial, cremation, or removal.	DIVISION OF VITAL RE THE HOSPITAL DR ATTENDING PHYSICIAN: The law re THE FUNERAL DIRECTOR: After this certificate has bee filed within 72 hours after death with the State Dept. or MPORTANT: If item 28 is marked, or item 23 sh
ECORDS, P.O. BOX 13146, quires that the death certificate be executed within a signed by the attending physician and completely filled in by the funeral director, page 5 should be the attending physician and completely filled in by the funeral director, page 5 should be eath and Mental Hyghene prior to burial, cremation, or removal.	DIVISION OF VITA THE HOSPITAL DR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate in e filed within 72 hours after death with the State MPORTANT: If item 28 is marked, or item
EACINDORE, MARY L RECORDS, P.O. BOX 13146, law requires that the death certificate be executed within as been signed by the attending physician and completely filled in by the funeral director, page 5 should Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 23 shows any injury, or other traumatic event, the medical examiner must be notified	DIVISION OF THE HOSPITAL DR ATTENDING PHYSIC THE FUNERAL DIRECTOR: After this cer e filed within 72 hours after death with th MPORTANT: If item 28 is marked.
MITAL RECORDS, P. O. BOX 13146, AN: The law requires that the death certificate be executed within the safer death. Page 6 may be retained lifticate has been signed by the attending physician and completely filled in by the funeral director, page 5 should a State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. If them 23 shows any injury, or other traumatic event, the medical examiner must be notified.	DIVISION THE HOSPITAL DR ATTENDING THE FUNERAL DIRECTOR: After To the died within 72 hours after death MPORTANT: If item 28 is ms
OF VITAL RECORDS, P.O. BOX 13146, PHYSICIAN: The law requires that the death certificate be executed within a safer death. Page 6 may be retained this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Index, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.	DIVIS O THE HOSPITAL DR ATTI O THE FUNERAL DIRECTO WE filed within 72 hours aft MPORTANT: If Item 28
SALTIMORE, MARY SHONG PHYSICIAN: The law requires that the death certificate be executed within a safer death. Page 6 may be retained let. After this certificate has been signed by the athending physician and completely filled in by the funeral director, page 5 should be death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	O THE HOSPITAL O THE FUNERAL I REGION WITHIN 72 h
MARY BALLIMORE, MARY BALLIMORE, MARY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a safer death. Page 6 may be retained INRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	THE HO TO THE FU THE FU THE MILE WILL
SPIAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within a state death. Page 6 may be retained INFRAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. NT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	J.	Hook			2. DATE OF DEATH MONTH D	-	EAR 3. TIME OF DEATH		
		6. AGE (In		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Sept. 2	5,07	BIRTHPLACE (State or Foreign Country)		
TOR	9a. FACILITY NAME (If not institution, glyp stree F.S. Key Mean RESIDENCE OF DECEDENT	center	96	Balt	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY			timor				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	6112 Shipview	Way		101	21224		USA	OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	3.7 NO	If yes, sp	endent of Hispar ecity Cuben, Mexica 2 And Specif	NIC ORIGIN? (Specify Yer on, Puerto Rican, etc.) y:	n or No— 14.	RACE — American Indian, Black, White, etc. Special 11. T.C.		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	FION mpleted) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Variou	done during mo tired.)	st of working	16b. KIND OF BU	SINESS/INDUS	TRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Charles Augu	st Hook			Mary	ME (First, Middle, Malden Elizabe	th So			
TO	Marie E. Hook					Balt.,				
	20a NETHOD OF DISPOSITION 1 Perial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al forms Otata	PLACE OF DISPOSITION Of the r place)			200		or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	7 		Mora			Fun'1			
	23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	st only one ceuse on ee	ch line.	enter the mo	de of dying, euc	h es cardiec or resp		Approximate Interval Between Onset and Death		
CERTIFICATION	disease or condition resulting in death) s. ##Eta-StoTic hung Chulls Due To (or as a consequence of): Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Last Consequence of the consequ									
JAL SAL	PART H. Other significant conditions Ch. Oby Co chexu	rueliu	t not resulting in the				RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC		HOSPITAL: Inpatient 2 ER/Ouipe		THER: Nursing Hon	_	6 Cher (Specify)	INJURY OCCUR	asn.		
2 Accident investigation 2 Accident investigation 28 PLACE OF IN HISTY At home from street factors office.										
COMPLETED	one)	AN: To the best of my knowle								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Colm was	and/or investigation, i	n my opinion, c	29c. LICENSE NU		29d. DATE S	PIGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	ine) J AVE	-	nd 212		0 /		

E e o esc

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k!

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
	CERTIFICATE OF DEATH		REG. NO.
ivet Middle Leet)		2 DATE O	EDEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) DENNIS EDWARD HAI	L II				2. DATE MONTH	OF DEATH	90	3. TIME OF DEATH 3:00 pm M	
	4. SOCIAL SECURITY NUMBER 5.			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (OF BIRTH , Day, Year) 0/54	Cou	THPLACE (State or Foreign	
OR	98. FACILITY NAME (# not institution, give street THE JOHNS HOPKINS			BALTIMO	RE	ATH	- 1	e. COUNTY OF	DEATH	
DIRECTOR	residence of decedent 10e. state 10e. county Virginia			own on Locati andria	ON				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 6230 Edsall Road			_	ZIP CODE 22312			U.S.	WHAT COUNTRY?	
M	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2- NO	If yes, spe	NDENT OF HISPAN city Cuban, Mexica NO Specify	n, Puerto F		No— 14. RA Bis	CE — American Indian, ack, White, etc. acity: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use re Cashier	IAL OCCUPATION done during mostired.)	N t of working	16b.	KIND OF BUSIN			
COMF	17. FATHER'S NAME (First, Middle, Last)		Casiller		16. MOTHER'S NA					
TO BE	Dennis William Ha	11	19b. MAILING AD	DRESS (Street ar	France d Number or Rural I			State, Zip Code)		
۲	Teague Funeral Hom	20	b. PLACE OF DISPOSITIO		Charle	ottsv		VA 220 TION — City or		
	1X Buriel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		Alberene C	22. NAME AN	ADDRESS OF FA				/irginia	
	Christopher H.	milw		4107 W	d Funera ilkens	Ave.	Balti	nore. N		
	23. PART I. Enter the diseases, or con ahock, or heart feliure. Lie IMMEDIATE CAUSE (Final disease Dr condition reaulting in death)			enter the mod	ie or dying, suc	n as cerc	нес от геерит	tory arrest,	Approximate interval Between Onaet and Deeth	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): LAPOSI'S SARCOWA DUE TO (OR AS A CONSEQUENCE OF): DISSEMINATED KAPOSI'S SARCOWA DUE TO (OR AS A CONSEQUENCE OF): ADS									
PHYSICIAN: MEDICAL C	PART ii. Other eignificant conditions of	contributing to death	but not resulting in t	he underlying	cause given in	Part i.	24s. WAS AN AL PERFORM 1 YES 2	ED?	Ab. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN		IOSPITAL:		THER:	ACE OF DEATH (Ch					
PHYS	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI	RIC?		CRIBE HOW INJ	URY OCCURED		
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	IY — At home, farm, streecify)		ES 2 NO	281. LOC City	ATION (Street and or Town, State)	d Number or Run	al Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CONTROL OF C								e(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	DIBURCH	ENAL		29c. LICENSE NUI	MBER		PH 17	IED (Month, Day, Year)	
임	JEB BURCHENAL, M	COMPLETED CAUSE OF D	HAS HOPKIN			BA	UTIMOR	e m	0	
	APRIE GIOPO CON YOUR	37 RECHARGAR'S	HOLES							

	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) Frederick H. Holloway, Jr. 2. DATE OF DEATH WONTH 4 04 6 90 330 PM										
	4. 5 - 5 Z 1 0 - 3 Z - Z 8 0 5 S. SEX 8. AGE (In yrs. lest birthdely) Funder 1 YEAR Funder 24 Hrs. 1. DATE OF BIRTH / Gentled Country) 6. BIRTHPLACE (State or Foreign (Month, day, Veer) (Month, day, Veer)										
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
TOR	RESIDENCE OF DECEDENT										
DIRECTOR	10a, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY										
	Baltimore County Brown Hurstleigh Hurstleigh 100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?										
FUNERAL	8 V Cadow Rd 2122 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian,										
B≺	Never Merried 2 Merried 3 Wildowed 4 Divorced Wildowed 5 Merried 5 Merried 5 Merried 5 Merried 5 Merried 5 Merried 6 Merried 6 Merried 7 Merried 7 Merried 7 Merried 7 Merried 8 Merried 8 Merried 8 Merried 9										
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Glav kind of work done during most of working life. Do NOT use retired.) 16a. DECEDENT'S USUAL OCCUPATION (Glav kind of work done during most of working life. Do NOT use retired.)										
COMPLETED	12 college (1-4 or 5+) retired-L.Holloway Bro. wholesale Produce										
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Frederick H. Holloway Hessie Bounds										
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
٦	Sara H. Potter 120 Brandon Road Balto.Md. 21212 20e. METHOD OF DISPOSITION (Name of cometer), cremetory or 20e. LOCATION — City or Town, State										
	#X*Burlel 2 Cremetion 3 Removal from State Asbury Church Cemetery Allen, Md.										
	22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Balto.Md. 21212										
	23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, auch ea cardiec or reepiretory errest, shock, or heert fellure. List only one cause on each line.										
	Onset and Deeth										
	e. Consestive Heart Failure oue to (D) As a consequence of:										
NOI	Sequentially list conditions, If any, leading to immediate b. Corony Artery Disease OUE TO (OR AS A CONSEQUENCE OF):										
-ICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury										
CERTIFICATION	that initiated events resulting in death) LAST d.										
	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY FINDINGS PERFORMEG? AWALABLE PRIOR TO										
MEDICAL	1 _ YES 2 XNO COMPLETION OF CAUSE DF DEATH?										
	1 YES 2 NO										
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOSPITAL: OTHER:										
PHYSICIAN:	1 Yes 2 NO 1 Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) INJURY WORK? 28c. INJURY A VORK?										
ВУ	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO										
TED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Fown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Fown, State)										
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete and piece, end due to the cause(s) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end manner ee stated.										
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNITO (Month, Day, Voar) 4690										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Thomas Lynch MD 22 5. Greene Balto MD 21201										
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	PHMH-16 Rev 1/89										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CERTIF	ICATE	OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
ANN REE	SE HAI	RTER						4	13		90	11:37A M
4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE	(In yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF				HPLACE (State or Foreign
216-16-8610		1 □ M 2√√ F	72	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, L			Ma	rvland
9a. FACILITY NAME (If not ins	Mution, give s	244	, , ,		9b. CITY,	TOWN	OR LOCATION OF D	1 -0 -		9c. COL	JNTY OF E	
Ct. Tananh I		-7			77.00		_				D-7.	to \$ a
St. Joseph	HOSDI	tal			1 10	WSO	<u>n</u>				par	timore
10a. STATE	10b. COUNT	γ		10c. CI	TY, TOWN OF	R LOCA	TION					10d. INSIDE CITY LIMITS?
Maryland	Ва	altimore			Towso	n						1 YES XX NO
10e. STREET AND NUMBER						-	1. ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?
1550 Cotta	7.21	ne					21204				USA	
11. MARITAL STATUS	SC Dai	12. WAS DECEDEN			13. W	AS DEC	CENDENT OF HISPA	NIC ORIGIN?	Specify Yea	or No-		E — American Indian.
1 Never Married 2 I	Married	FORCES? 1	YES	ATES XNO	11	yes, sp	NO Specific	n, Puarto Ric			Spec	ck, White, atc.
3 Widowed 4 Divon	ced	II TES, GIVE V	win on b	Ales	- 1 - 1		ALA NO Specif	у.			Spec	White
	DENT'S EDU			16a. DECEDENT'S	S USUAL OC	CUPATI	ON	16b. K	IND OF BUS	SINESS/IN	DUSTRY	
(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5	4)	(Give kind of Me. Do NOT u	work done di use retired.)	uring mo	ost of working					
		5 +	',	Teache	r			F	Baltin	nore	Cou	ntv
17. FATHER'S NAME (First, Mic	idle, Last)				_		18. MOTHER'S NA				334	
Mathias Fo		Reese					Hills To be to	Shout				
19a. INFORMANT'S NAME (Ty		neese	_	10b MAII IN	C A CODESC	(Street	and Number or Rural			e Ctete 7	In Code	
		hnufolo		P S J C RESTOR								27.204
Ann R. Hart							Road Ba	IL1MO1				
20a. METHOD OF DISPOSITION 1X Burlet 2 Gremation		oval from Stata		other place)			metery, crematory or					Town, State
4 Donation 7 Other		tomas M		it, Carm					Mt.	car	mer,	Pennsylvani
21. SIGNATURE OF FUNERAL	SERVICE	When (ho	PN	12	22. N	IAME A	ND ADDRESS OF FA	CILITY				
Dennis S	tepher	n Xenakis		100	Mi	tch	ell-Wied	efeld	Home	650	0 Vo	rk Rd 21212
23. PART i. Enter the dis				d the deeth. Do								Approximate
shock, or he	art failure.	List Dniy one car										interval Between Onset and Death
iMMEDIATE CAUSE (Fine disease or condition	ni	Λ	TE				115	Mark				
resulting in death)	*	a. ACI	11/12	MIGCA	PRPI	AC	· (NT	ARCI	ON			30 M/N
		00E 10	(UH AS	A CONSEQUENCE (UF):	_				44		21.40
Sequentially list condition	ona,	a. ACI DUE TO b. ANT	PALL	OXCLER	1011	C	CARPI	OVA	SCUL	-1913	PIS	分をアイバ
if sny, leading to immedicause. Enter UNDERLYII	1010	DOE 10	(On Ma	CONSECUENCE	orj.							j
CAUSE (Disesse or Injur		C	(OR AS	A CONSEQUENCE O	nen.							
that initiated events reautting in death) LAST		502 10	(011 20 7	- CONSEGUENCE C	J. J.							į
		d										-
PART ii. Other aignifican	nt condition	na contributing to	deeth l	but not resulting	in the un	derlyin	ig cause given in	Part i. 2	4a. WAS AN		24	b. WERE AUTOPSY FINGINGS
									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								— I	YES 2	NO		DF DEATH?
-								—				1 TYES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	_		OTHER		LACE OF OEATH (C	heck only one)				
1 TYES 2 NO		1 Inpatient 2	`		4 🗆 Nurs	ing Hor	me 5 - Realdence	1				
27. MANNER OF DEATH	25.05	26a. DATE Of (Month, L	F INJURY Day, Year)	28b. TI	ME OF	28c. IN W	JURY AT ORK?	28d. OESC	RIBE HOW I	NJURY O	CCUREO	
	Pending nvestigation				М	1 🗌	YES 2 NO					
2 Devlete	Could not be	28e. PLACE (OF INJURY	Y — At home, farm,	, street, facto	ory, offi	ca	26f. LOCAT	ION (Street : Town, State)	and Numb	er or Rural	Floute Number,
	letermined	Johnson	, area (upo					Only or	.omri, otate)			
29a. CERTIFIER	EAING BRIA	SICIAN: To the best o	d mu know	vladea death com	read at the "	ma due	a and place and d	a to the	/a\ c=d		late of	
Control only												fol and manage as stated
			- ABITHTIBUT	on and/or investigat	non, at my of	parion,	oean occurse at the	ume, cata a	nu prace, ar	ru dua to	tile Cause	(e) and manner as stated.
29b. SIGNATURE AND TITLE		A					29c. LICENSE NU			29d. D/	TE SIGNE	D (Month, Day, Year)
Lami	1/11	Nanky 1	NO				D 93	86		1	1/1	4/1890
30. NAME AND ADDRESS OF	PERSON WI	HO COMPLETED CAL	JSE OF DI	EATH (ITEM 27) (Typ	oe, Print)						/	
2405 A LOG	n R	AVEN	BLI	VD	1	31	crimi	ONE	MD	2	120	oct
31. DATE FILED (Month, Day,		32 REGISTR										-
APR 1 9 199	30 4	with they do		1.								
41 17 19 10	- 0											2000.00

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the fundal-base be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be mutilised at ence.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

6 Could not be determined

3 Suicide

4 Homicide

COMPLETED

BE

2

BALTIMORE, MARYLAND 21203-3146	The law requires that the death certificate be executed within its after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely sed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lead in by the fune, be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF	RTMENT OF	HEALTH	AND I		GIENI	E				
	1. DECEDENT'S NAME (First, Middle, Last)	·						2. DATE OF D	EATH			3. T#	ME OF DEA	тн
	Beulah Beatrice			Hı	umphrie	9		MONTH 4	1 6		90	2:3	3.8	D M
9	4. SOCIAL SECURITY NUMBER	5. SEX 5. AGE (In yrs. lest be					R 24 HRS.	7. DATE OF BI	RTH	,	6. BIRT	HPLACE	E (State or Fi	oreign
	217 00 2205	1 ☐ M 2 🂢 F	66	YRS.	MONTHS DAY	8 HOURS	MIN.	(Month, Day,	Year)	923	Nort		Carol	ina
	217-09-3305 90. FACILITY NAME (If not institution, give at		- 00		9b, CITY, TOW	N OR LOCAT	ION OF DE	Jul. 23, 1923 North (Jaioi	лпа		
DIRECTOR	Liberty Medical					1timo								
EC	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION								10d.	INSIDE CIT	Υ	
E	Maryland			B:	altimor	6							LIMITS? YES 2	NO
	10e. STREET AND NUMBER			1	I	101. ZIP COI	DE			10g, CIT	IZEN OF		COUNTRY?	1111
FUNERAL	1210 North Longwo	od Stroo	.+-			212	16				.S.A			
N N	11. MARITAL STATUS	12. WAS DECEDEN		DNEO	42 446			NIC ORIGIN? (Sp	anifer Van			_		laa
	1 Never Merried 2 Merried	FORCES? 1	YES 2 X		If yes	specify Cub	an, Mexica	in, Puerto Rican,		01 110—	Black, White, etc.			equity,
BY	3 X Widowed 4 □ Divorced	IF YES, GIVE V	MAR OR DATES		10	res 2 🗌 NO) Specifi	γ:			Spec		lack	
	15. DECEDENT'S EDU	CATION	16a, Di	ECEDENT'S	USUAL OCCUP	ATION		16b. KIND	OF BUS	INESS/IN	DUSTRY	ъ.	Iack	
	(Specify only highest grade Elementary/Secondary (0-12)		(G	(Give kind of work done during most of working life. Do NOT use retired.)										
2	10th Grade				Nursing Aide			Dukeland Nursing Hom			ome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Maiden Sumeme)								
	Ola Adams		Celes				ta Ruff	in						
BE	19e. INFORMANT'S NAME (Type/Print)	19	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2	Carol Brown		511 Rossiter Avenue Baltimore, Maryland 21212											
	20a, METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Rem		20b. PLACE OF DISPOSITION (Name of comotory, crematory or 20c. LOCATION — City or Town, State											
	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	Arbu		Memoria	1 Par	k	i	Bal	timo	re.	Cou	nty.	MD	
	21. SIGNATURE OF FUNERAL SERVICE LIG													
	· Band	Tell					Falls Pkwy. Balto., MD 21216							
	Joung	40 Cm										_		
	23. PART I. Enter the diseases, or cannot be heart failure.	complications the	it caused the duse on each lin	aath. Do	not entar the	mode of d	ying, suc	ch aa cardlac	or reapi	ratory as	rrest,		Approxim	
	IMMEDIATE CAUSE (Final	,,		-									Onsat an	
	disease or condition reaulting in death)	hosis o	f the	e liver										
	reacting in death,	DUE TO	(OR AS A CONSE	OUENCE (OF):									
z		L Chro	nic alc	oho1:	ism									
임	Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE C	OF):									
8	cause. Entar UNDERLYING CAUSE (Diseasa or injury	c												
RTIFICATION	that initiated events	DUE TO	(OR AS A CONSE	OUENCE (OF):									
	reaulting in death) LAST	d												
2	PART II. Other algoriticant condition	as contributino to	death but not	rasultino	In the under	vino causa	alven in	Part I 24a	WAS AN	AUTOPSY	24	th WER	E AUTOPSY	FINDINGS
8		PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.							PERFOR			AMIL	LABLE PRIOR	R TO
ă							Xا —	YES 2	□ NO			EATH?	GIOOL	
ž									- 1	1 💢	YES 2	NO		
ż														
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	B. PLACE OF	DEATH (C	heck only one)						
1SI	1 X YES 2 - NO	1 Inpetient 2		3 🗆 DOA		Home 5 🗆 I	Reeldence	6 Other (Spe	ecify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26a. DATE OI (Month, I	F INJURY Day, Year)	26b. TI	ME OF 28c	INJURY AT WORK?		28d. DESCRIE	BE HOW I	NJURY O	CCURED			
ВУ	1X Natural 5 Pending 2 Accident Investigation				M 1	YES 2	□ NO				:			
-		28a PLACE (OF IN HIRW ALL	ama form	street fectors	odlloo		284 LOCATION	M /Stroot	and Mumb	or or Dura	/ Davida f	Alcombac	

29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. beele of examination end/or investigation, in my opinion, death occured at the time, date end piace, end due to the ceuse(e) end menner ee stated.

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

OCME

111 Penn St.

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29b. BENEFILIE AND TITLE OF CENTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Margarita A. Korell, M.D. - Assistant

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) APRI 9 1990

4/17/90

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF I		TAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	CTRA J.	HALL	2. D/ MD	ATE OF DEATH ONTH DAY - 17-19	3. TIME OF DEATH			
JR.	4. SOCIAL SECURITY NUMBER 217-22-1342 90. FACILITY NAME (II not institution, give s HULTI-HEDICAN	1 M 2 F	*	F UNDER 24 HRS. 7. DA HOURS MIN. DR LOCATION OF DEATH	onth, Day, Year) - 14-04 9c. COUNTY	BIRTHPLACE (State or Foreign Country) MARY MANY) OF DEATH ALTIMORIE			
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARY CAND 10a. STREET AND NUMBER 184. Q. JALSS	TOOPA	10c. CITY, TOWN OR LOCA		2ITY	10d. INSIDE CITY LIMITS? YES 2 NO N OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO If yee, s	CENDENT OF HISPANIC ORI pecify Cuben, Mexican, Puer 3 2 NO Specify:	IGIN? (Specify Yee or No. 14	Black, White, atc.			
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondery (0-12)	JCATION e completed) College (1-4 or 8 +)	16e. DECEDENT'S USUAL OCCUPATI (Give kind of work done during m kine. Do NOT use retired.) OFFICE WORKER	during most of working					
ő	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAME (Fir	st, Middle, Maiden Surname)				
BEC	ALFRED	JAM	IES	ANNIE	GAINES				
TO B	19a. INFORMANT'S NAME (Type/Print) MRS. LUCILLE MON	ROE	A STATE OF THE STA		lumber, City or Town, State, Zip Co				
	20s. METHOD OF DISPOSITION AR Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometary, crematory or MIT. AUBURN CEMETERY 20c. LOCATION — City or Town, State BALTIMORE, MARYLAND								
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE 6. hutt	NUTT		HOMES, INC. LLS PKWY., BAI				
CERTIFICATION	23. PART I. Enter the diseases, pr shock, pr heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Congrad DUE TO (OR AS A DUE TO (OR AS A C.	och line.	Failure		tt, Approximate Interval Between Onset end Deeti			
PHYSICIAN: MEDICAL C	PART II. Other significant condition			ig cause given in Part	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 700	HOSPITAL: 1 Inpatient 2 ER/Outpi	OTHER:	PLACE OF DEATH (Check on		1			
ВУ РН	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation		INJURY W	M 1 YES 2 NO					
ETED	3 Suicide 8 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 26b. LCCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	anni omy	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TW	edge, death occurred at the time, dan a end/or investigation, in my opinion,						
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE Robert V	sciar MO	-	29c. LICENSE NUMBER D3389	77 > 4	SIGNED (Month, Day, Year)			
F		Try, mo	4300 N. Ch	orles St	Baltinoni	MO21218			
	31. DATE FILED (Month, Day, Year)	32. REGISTRARY SIGN	ATURE Pandalle						

-	pa	
	lirector,	
	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pay	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the executed within the man and the second of the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S	IMPORTANT: If Item 28 is marked, or i	

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / I	DEPARTMENT O	F HEALTH AND	MENTAL HYGIENE REG. NO.						
	1 PROEPENT'S NAME (First, Middle Last) CORA LEE	HENDERSON			2. DATE OF DEATH MONTH April 13 19		3. TIME OF DEATH 6;58 p.m.				
	212 20 0031	M 2 X F 78	YRS. MONTHS DA	YE HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03/18/191:	2 NORT	H CAROLINA				
OR	99. FACILITY NAME (If not institution, give street at THE JOHNS HOPKINS H			WN OR LOCATION OF D MORE CITY		9c. COUNTY OF D					
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND		10c. CITY, TOWN OR L	ORE.		10d. IN LII 1 12km					
	10e. STREET AND NUMBER		511411	10f. ZIP CODE	LTY	10g. CITIZEN OF WHA					
FUNERAL	2800 ULMAN AVENUE			2121.	5	U.S	.A.				
BY FUI	1 Never Merried 2 Merried	MAS DECEDENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2 MO FYES, GIVE WAR OR DATES) If ye	e, specify Cuben, Mexico YES 2 X NO Specifi		or No- 14. RACE — American Indien, Black, White, etc. Specify: BLACK					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade compile Elementery/Secondery (0-12) Col	leted) (Give	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) DOMESTIC			JANITORIAL SERVICES					
SON	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)					
BE		STIN		KAT		LARK					
2	190. INFORMANT'S NAME (Type/Print) VIOLA HENDERS	28	800 ULMAN	AVENUE B	Route Number, City or Town	21215					
	20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Removal fit 4 Donation 5 Other (Specify)	rom State 20b. PLACE O	F DISPOSITION (Name	of cometery, crematory or MEMORIAL	PARK TAIR	EATION — City or To	Co., MD.				
	21. SIGNACHIE OF FUNDAL SERVICE LICENSE		NUT	ME AND ADDRESS OF FA		C. 212	16				
CERTIFICATION	23. PART I. Enter the diseases, or comp shock, or heert feliure. List of the composition of the composition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OR AS A CONSEON DUE TO OR AS A CONSEON DUE TO OR AS A CONSEON DUE TO OR AS A CONSEON	PLENCE OF): UENCE OF): S Corc	h fail horate	of vary	· · · · · · · · · · · · · · · · · · ·	interval Between Onset and Deeth 4/1592 2wks unknown				
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions con	stributing to death but not re	eulting in the unde	rlying cause given in	Part I. 24s. WAS AN / PERFORI	MED?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL	/		26. PLACE OF DEATH (C	heck only one)						
YSIC	1 YES 2 NO	SPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 Nursing	Home 5 🗆 Residence	\$ Other (Specify)						
ВУ РН	Neturel 5 Pending 2 Accident Investigation	Month, Day, Year)	INJURY M	c. INJURY AT WORK? VES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED					
	3 Suicide 8 Could not be determined 2se. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 2st. LOCATION (Street end Number or Rural Route Number, City or Yown, State)										
COMPLETED		(Check only 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated.									
TO BE C	286. SIGNATURE AND TITUE OF CENTURE	SM V	V7	29c. LICENSE NU	MOER	29d. DATE SIGNED	(Month, Day, Year)				
-	1711- 1/0	MPLETED CAUSE OF DEATH (ITEM M SON Hall	/M +(1)	m.1).	7	1				
	31. DATE FILED (MONTH, Day), Year) APR 1 9 1990	32. REGISTRAR'S SIGNATURE	nde								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Septemble feath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use at the burnil-traint parms be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND	ht.a.	
	1. DECEDENT'S NAME (First, Middle, Last)	Doan			2. DATE OF DEATH MONTH DAY	YEAR 7 CO A-M
		SEX 6. AGE (In yrs. last	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF DI	7. DATE OF BIRTH 1955 (Month, Day, Year) ARCH 26 EATH	a. BIRTINPLACE (State or Foreign Country) ALW YORK UNTY OF DEATN
HOL	COOD SAMAR	LITAN HOSE	B	ALTIMORE		
L DINECTOR	106. STATE 106. COUNTY MARYLAGO BALT 106. STREET AND NUMBER	imore	10c. CITY, TOWN	OR LOCATION HALL 10f, ZIP CODE	100 00	10d. INSIDE CITY LIMITS? 1 YES 2 NO TIZEN OF WHAT COUNTRY?
FUNEHAL	3721 PARKH	. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 TYES 2 DAN IF YES, GIVE WAR OR DATES		2123	NIC ORIGIN? (Specify Yea or No—in, Puarto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:
TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade com	ON 16a, DEC (Gf.	CEDENT'S USUAL (we kind of work done Do NOT use retired.)	OCCUPATION during most of working	16b. KIND OF BUSINESS/IN	STIKE
COMPLETED	Elementary/Secondary (0-12) 12 / (LS 17. FATNER'S NAME (First, Middle, Last)	ollage (1-4 or 5+) + YRS	20103	AL TECH-	GOO SO AME (First, Middle, Meiden Surname)	MARITAN
O BE	19a. INFORMANT'S NAME (Type/Print)		. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Town, State, 2	R) NO Zip Code)
	20a. METNOD OF DISPOSITION 13. Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b. PLACE Cother pla	(0)	lame of cemetery, crematory or	20c LOCATION -	Cify or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	FIL	KW001	NAME AND ADDRESS OF FA	CILITY OF NEM	ICRIES - PARKVILLE
٦		plications that caused the da only one cause on each line		r tha moda of dying, suc	ch ee cardiac or respiretory e	erreet, Approximate interval Batween Onset and Death
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEC	DUENCE OF):	after >	rady wordin	
CERTIFICATION	Sequantielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF A CONSECUTION OF THE CONSECUTIO	o ly.	plinio	<u>l</u> v	
MEDICAL C	PART ii. Other significant conditions c	ontributing to death but not r	esuiting in tha	indariying cause given in	Part i. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DE CAUSE DE DEATH? 1 YES 2 NO
:NAK	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATN (C	heck only one)	
PHYSICIAN:	1 YES 2 NO 1	OSPITAL: Inpatient 2 ER/Outpetient 3 28e. DATE OF INJURY (Month, Day, Year)	DOA 4 N	ER: ursing Nome 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY C	OCCURED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, atreet, fa		281. LOCATION (Street and Numb City or Town, State)	ber or Rurel Route Number,
COMPLETED	(Check only	N: To the best of my knowledge, de				stated. the cause(a) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	re hy	Inte	M) 29c. LICENSE NI		ATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WNO C	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	Beejer	206	
		1 9 1990 Julia	Devidor	Brokette		



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DIVISION OF VITAL RECORDS	TAIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be
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de or attending proyectary.	for use as the burial-transit permit. Pages 1, 2, 3 shou		
NDING PHYSICIAN; The law requires that the death certificate be executed within 2 mountained beautified by the hospital of allo	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
lat the death certificate be executed within 2 more	by the attending physician and completely filled	and Mental Hygiene prior to burial, cremation, or	ly injury, or other traumatic event, the m
SING	FUNERAL DIRECTOR: After this certificate has been signed	be filed within 72 hours after death with the State Dept. of Health	PORTANT: If item 28 is marked, or item 23 shows an
to the Hospital or attent	THE FUNERA	be filed within 7.	MPORTANT: 1

FOR 1 STATE	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIENE	
REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, La	ust)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
VIRGINIA	THOMAS		JONES	4 15	90
4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day Man-1	BIRTHPLACE (State or Foreign Country)
215-14-9572	1 M 2 M F	YRS.	NTHS DATE HOUSE MANY	2 9 02	S.C.
9e. FACILITY NAME (If not institution, g			b. CITY, TOWN OR LOCATION OF E	EATH 9c. CO	OUNTY OF OEATH
2323 HARFORD	ROAD		BALTIMORE C.	ITY	
RESIDENCE OF DECEDENT					
10a. STATE 10b. COI	JNTY		OWN OR LOCATION		10d. INSIDE CITY LIMITS?
MD		BALT	TIMORE CITY		X Ø YES 2 □ NO
10e. STREET AND NUMBER			10f, ZIP CODE	10g. C	ITIZEN OF WHAT COUNTRY?
2323 HARFORD	ROAD		21218	?	USA
11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DECENDENT OF HISP/	ANIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian,
1 Never Merried 2 Merried	FORCES? 1 YE	S 2 MHO	If yes, specify Cuban, Mexic 1 ☐ YES 27 TYNO Spec		Black, White, etc. Specify:
ar Widowed 4 □ Divorced	ir tee, dive in.,	DATES	1 1 1 1 1 1 1 1 1 1	ny.	BLACK
15, DECEDENT'S		18e. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUSINESS/II	NDUSTRY
(Specify only highest g	grade completed)	(Give kind of world life. Do NOT use n	k done during most of worlding etired.)		
Elementary/Secondery (0-12)	College (1-4 or 5+)				
3rd Grade		рау са.	re Provider		
17. FATHER'S NAME (First, Middle, Last				IAME (First, Middle, Maiden Surname,	,
PAUL	THOMASON				ompson
19e. INFORMANT'S NAME (Type/Print)	04.540 111 146 E	19b. MAILING AC	ODRESS (Street and Number or Rura	I Route Number, City or Town, State,	Zip Code)
Mamie Murray		2323 Ha	arford Road, B	altimore. MD	21218
20a, METHOO OF DISPOSITION		20b. PLACE OF DISPOSITI	ION (Name of cemetery, crematory or		- City or Town, State
1 Donation 8 Other (Specify)	Removal from State	other place)	3.C. Z. 12.2-3.7-11.3.		ore Co. MD
4 ☐ Donation 8 ☐ Other (Specify)		Arbucus m	emorial Park		ore co., Mu
	E LICENSEE	_	22. NAME AND ADDITION OF	ACILITY	
▶ Blade	In an)	WM C. MARC	и г.н. 1101	E. NORTH AVE
23. PART i. Enter the diseasea,					
	ure. List only one cause or			. 1	
iMMEDIATE CAUSE (Final disease or condition	Uninsit	de m	uncarfe	ic Infar	Mon
reaulting in death)		AS A CONSEQUENCE OF:		0.7	2000
	At	S A CONSCOURT			İ
Sequantially list conditions,	L V L	AS A CONSEQUENCE OF:			
if any, leading to immediate	DUE TO (OH A	S A CONSEQUENCE UP;			i
CAUSE (Disease or injury	a or	nury			
that initiated events	DUE TO (OR A	AS A CONSEQUENCE OF):			
resulting in death) LAST	d				
PART II. Other aignificant cond	itions contributing to dear	h but not resulting in	tha undarlying cause given	In Part I. 24s. WAS AN AUTOPS PERFORMED?	AWAILABLE PRIOR TO
			· · · · · · · · · · · · · · · · · · ·	1 YES 2 NO	COMPLETION OF CAUS
					1 YES 2 NO
				— I	
TO MEDIC	- T		OF THE OF DEATH /		
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)	
1 TYES 2 NO	1 Inpatient 2 ER/C	Outpatient 3 DOA 4	☐ Nursing Home 8 N Residence		
27. MANNER OF DEATH	28e. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME (28d. DESCRIBE HOW INJURY	OCCURED
1 Natural 5 Pending		"	M 1 YES 2 NO		
2 Accident investiga	28e. PLACE OF INJ	URY — At home, farm, str	eet, factory, office	281. LOCATION (Street and Num	nber or Rural Route Number,
A CONTRACTOR OF THE PARTY OF TH	ot be building, etc. (3	Specify)		City or Town, State)	
a D Accident					
3 Suicide s Could no				lue to the cause(e) end menner as	stated.
3 Suicide 8 Could not 4 Homicide determin	PHYSICIAN: To the best of my ki	nowledge, death occurred	at the time, date and place, and o		
3 Suicide 8 Could no determin 29e. CERTIFIER (Check only					
3 Suicide 4 Homicide S Could no determin 29e. CERTIFIER (Check only one) 2 MEDICAL EXA	AMINER: On the basie of examin		in my opinion, death occured at t	the time, date end place, and due to	to the cause(e) and manner as stated
3 Suicide 8 Could no determin 29e. CERTIFIER (Check only	AMINER: On the basie of examin			the time, date end place, and due to	to the cause(e) and manner as state
3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXI 29b. SIGNATURE ANO TITLE OF CER	AMINER: On the basic of examin	ation end/or investigation,	In my opinion, death occured at the second s	the time, date end place, and due to	to the cause(e) and manner as stated
3 Suicide 4 Homicide S Could no determin 29e. CERTIFIER (Check only one) 2 MEDICAL EXA	AMINER: On the basic of examin	ation end/or investigation,	In my opinion, death occured at the second s	the time, date end place, and due to	to the cause(e) and manner as stated
3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXI 29b. SIGNATURE ANO TITLE OF CER	AMINER: On the basic of examin	ation end/or investigation,	In my opinion, death occured at the second s	the time, date end place, and due to	to the cause(e) and manner as stated

32. BEGISTRAR'S SIGNATURE
STAKE DEVIDENT Production

31. DATE FILE APPRIL PO 99999

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an oun salar death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he author 29 hours after heart with the State heart with the State heart and Mental Hydiene prior to burial cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) Frank	J. Jedr	oralski			2. DATE MONTH	OF DEATH DAY	199	AR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-05-1045A	XXX 2 □ F 8	(In yrs. last birthday)	IF UNDER 1 YEAR	8 HOURS MIN.	(Month	о г віятн 471907	M	ary1	
9a. FACILITY NAME (If not institution, give at Union Memorial RESIDENCE OF DECEDENT				NORLOCATION OF D			N/A	OF DEAT	H
10e. STATE 10b. COUNTY Maryland N/A			TOWN OR LO						d. INSIDE CITY LIMITS? XYES 2 \(\text{NO} \)
958 Argonne Dr.				10f. ZIP CODE 21218			10g. CITIZEN US.		T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed XXXIPtvorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR I	2XX10	13. WAS If yes	DECENDENT OF HISPA specify Cuban, Mexic (ES XL XNO Speci	NIC ORIGIN an, Puerto F fy:	? (Specify Yea o		Black, W	American Indian, hite, atc. White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during retired.)	NTION most of working		asket (
17. FATHER'S NAME (First, Middle, Last)		ophozo	OLCE	18. MOTHER'S N		_			
Adam Jednoralski						yeski	J. 1141.149		
19a. INFORMANT'S NAME (Type/Print) Catherine Frazie	er	19b. MAILING 4102		et and Number or Rural	Route Numb	oer, City or Town,		e)	
20s, METHOD OF DISPOSITION 1 Burlet Cremation 3 Remo	oval from State		ITION (Name of	cemetery, crematory or		28c. LOC	ation - chy		
Dennis Stephen 23. PART I. Enter the diseases, or or	n Xenakis	3-	Mit	chell-Wied	iefel			York	Rd 2121:
shock, or heert failure.	List only one cause on Sudden	Death A CONSEQUENCE OF	~						Interval Batwee Onset and Deat
Sequentielly list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in daeth) LAST	a	A CONSEQUENCE OF							
PART II. Other significant condition	a contributing to death	but not resulting i	n tha under	ying cause given in	Part I.	24a. WAS AN A PERFORM 1 TYES 2	IED?	AW	ERE AUTOPSY FINDINGS AILABLE PRIDR TO MIPLETION OF CAUSE DEATH?
					- 1			1 (YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			2	. PLACE OF DEATH (C	h				
EXAMINER?	HOSPITAL:		OTHER:						
27. MANNER OF DEATH	1 Inpetient 2 ☐ ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 28c	fome 8 Residence INJURY AT WORK?		CRIBE HOW IN	JURY OCCUR	ED	
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Sp	IY — At home, farm, a		YES 2 NO		ATION (Street ar or Town, State)	id Number or F	iural Rout	e Number,
4 Homicide determined 29a. CERTIFIER (Check only) 1 CERTIFVING PHYSI	CIAN: To the best of my kno		d at the time.	date and place, and du			or as stated.		
one) 2 MEDICAL EXAMINE	R: On the besie of examinati			n, death occured at th	e time, data		due to the ca		
29b. SIGNATURE AND TITLE OF CERTIFIE	Blankand	am		29c. LICENSE NU	JMBER		DATE SH	SNED (M	90
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED FAULE OF D	EATH (ITEM 27) (Type,	Print) Uni	sersity &	erku	- B.	attime	re	21218
31. DATE FILEO (Month, Day, Year) APR 1 0 1990	32. REGISTRAR'S SIG								

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRAR
1	. D	ECEDENT'S NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFIC	CATE O	F DEATH	REG. NO	١.			
1. DECEDENT'S NAME (First, M	fiddle, Last)					2. DATE OF DEATH	AY	YEAR	3. TIME OF D	EATH
Charles	(Clinton		Kitt	5	4 1	_	0	9:20	A. *
4. SOCIAL SECURITY NUMBER			,	IF UNDER 1 YEA		7. DATE OF BIRTH	1	6. BIRTI	HPLACE (State of	
		1 M 2 F	YRS.	ONTHS DAY	8 HOURS MIN.	(Month, Day, Year) Dec. 11.	1989	Count		
9e. FACILITY NAME (If not instit	tution, give atre	eet and number)			N OR LOCATION OF DE		9c. COUNT			
Union Mem	orial	Hospital	_	R	altimore		1			
RESIDENCE OF DECE		Hospital			ar critical c		<u> </u>			
10e. STATE	10b. COUNTY		10c. CITY,	TOWH OR LO	CATION				10d. INSIDE C	TY
Maryland	Balt	to. City	l E	altim	ore				1X YES 2	□ NO
10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZI	EN OF	WHAT COUNTRY	17
1205 Union	Avenue	2			21211		U.S	. A.		
11. MARITAL STATUS	-	12. WAS DECEDENT EVER I				IIC ORIGIN? (Specify Ye		14. BAC	E — American I	ndlen,
1 Never Merried 2 M		FORCES? 1 YES			specify Cuben, Mexica res 2 X NO Specifi		1	Spec		
3 Widowed 4 Divorce	ed			1					White	
15. DECED (Specify only it	DENT'S EDUC	ATION completed)	16a. DECEDENT'S U	SUAL OCCUP	ATION most of working	16b. KIND OF BU	ISINESS/INDU	ISTRY		
Elementary/Secondary (0-1:		College (1-4 or 5+)	ilfe. Do NOT use	retired.)						
0			Baby	7						
17. FATHER'S NAME (First, Mide					16. MOTHER'S NA	ME (First, Middle, Maider	Surname)			
Elmer Cl	inton	Kitts			Jane	t Theresa	Somer	vil	le	
19e. INFORMANT'S NAME (Typ	e/Print)		19b. MAJLING	ADDRESS (Stre		Route Number, City or Tox			10	
Mr. and Mrs.	Elmen	r C. Kitts	1205	Union	Avenue, E	Baltimore,	Marvl	and	21211	
200. METHOD OF DISPOSITIO		20	. PLACE OF DISPOSI		cemetery, crematory or		CATION - C			
Burlel 2 Cremation		The second secon	d. Vetera	ns Cei	neterv	Gar	rrison	FC	roct 1	Md
21. SIGNATURE OF FUHERAL	SERVICE LICE		·	22. NAM	AND ADDRESS OF FA	Ga: Guity Burge	-Hens	s F	ineral	Home
¥	0	Ma)	2631	Follo Pos	d, Baltim	oro M	10	Jond 2	1211
our	n	. Yenss	/	!					Tanu Z.	1211
23. PART I. Enter the dies		omplications thet cause liet only one cause on a		ot entar tha	mode of dying, suc	h ee cerdiec or reep	olratory arre	ıst,	Approx	imate I Betweer
IMMEDIATE CAUSE (Fine									Onset	and Daati
disease or condition resulting in deeth)	.	Sudden Ir	ıfant Deat	h Syn	drome					
		DUE TO (DR AS	A CONSEQUENCE OF	:						
Company and allow that a consider a	- b									
Sequentially list condition if any, leading to immediate	ata	DUE TO (OR AS	A CONSEQUENCE OF	:					-	
causa. Enter UNDERLYIN CAUSE (Disease or Injury										
that initiated events		DUE TO (OR AS	A CONSEQUENCE OF	:						
reaulting in death) LAST	d	,								
PART II. Other significen	t conditions	contributing to death	out not moulting in	the under	ulno causa alvan In	Part I. 24s. WAS A	N ALITOPEY	24	b. WERE AUTOPS	Y EINDINGS
TATT II. Other significan	Conditions	o contributing to death	out not readiting is	i tije dildeli	ying couse given in		RMED?	1	AVAILABLE PR	IOR TO
						1XXYES	2 NO		OF DEATH?	OF GAUSE
									1 X XYES 2	□ NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			S. PLACE OF DEATH (C	neck only one)				
1 XXYES 2 □ NO		1 Inpatient 2XXER/Out		OTHER:	Home 5 🗆 Reeldence	6 🗆 Other (Specify)				
27. MANNER OF DEATH		26e. DATE OF INJURY (Month, Day, Year)	26b. TIME		INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCC	URED		
1 Naturei 5 P	ending restigation	100000 - 1700007			YES 2 NO					
• 🗆 • • • • • • • • • • • • • • • • • •	ould not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, st	reet, fectory,	office	281. LOCATION (Street City or Town, State		or Rural	Route Number,	
	etermined	bunding, etc. (ope	rony)			City or iown, Stan	2)			
290. CERTIFIER 1 CERTIF	FYING PHYSIC	CIAN: To the best of my know	pladna dasth occurre	d at the time	data and place, and du	to the cause(s) and m	anner es etete	od.	<u> </u>	
One)		R: On the beale of examination				1100			(a) and manner	na especad
			and investigation	., ary opinic						
29b. SIGNATURE AND TITLE	OF CERTIFIER				29c. LICENSE NU		29d. DATE		D (Month, Day, Y	ber)
	1	W			OCI	ME		4-1	15 - 90	
30. NAME AND APPRESS OF	PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)						
Ann M. Di	xon,	M.D.	111 Per	nn St.	, Balto.,	Md. 2120	1			
31. DATE FILED (Month, Day, 1	Ton	32. REGISTBAR'S SIG	200							
APRI 9	990	Time Davidson	200							

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL ORRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Breitenecker.

32. REGISTRAR'S SIGNATURE

Rudiger

APRI 9 1990

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO		30	1043
1. DECEDENT'S NAME (First, Middle, Last)		CENTII 10	AIL OI	DEATH	2. DATE OF DEATH		1 2 7	TIME OF DEATH
Albert Edwar	rd Vohlor				MONTH DA		EAR	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In vrs	last hirthrian IE I	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	15-90		:20 a !
214-12-9673	1 X M 2 □ F 67	YRS. MON	THS DAYS	HOURS MIN.	June 8,	922	Country) Mar	yland
9a. FACILITY NAME (If not institution, give str	eet and number)	96.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
GREATER BALTIMORE	MEDICAL CENTE		TOWSO			BALT	LMORE	
Maryland Baltin	more		MONIUM					. INSIDE CITY LIMITS?] YES 2X] NO
100. STREET AND NUMBER 213 Fallsbrook	Road		10f.	ZIP CODE 2109:	3	10g. CITIZEI	OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never, Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	If yes, spe	olfy Cuban, Maxica	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No- 14	Black, Wh	American Indian, lite, atc.
3 Widowed 4 Divorced	WW 11			2 NO Specify				White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATIO done during mos ired.)	N t of working	16b, KIND OF BU	SINESS/INDUS	TRY	
12		Estimato	or		Stee	1		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
George T. Kohler	•			Mary	Dailey			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street ar	d Number or Rural I	Route Number, City or Tow	n, State, Zip Co	ode)	
Mrs. Jean J. Koh	ler	213 Fall	sbrook	Road,	Timonium.	Md.	21093	
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	rval from State othe	ACE OF DISPOSITIO	Neme of com	etery, crematory or	20c. LO	CATION — City	y or Town,	State
21. SIGNATURE OF FUNERAL SERVICE LIG	ENEE	ianey va	22. NAME AN	emorial D ADDRESS OF FA	Gardens	Limon	ium,	Md.
* Supell	Bryan W. Cla	ary	Lemm	on-Mitcl	hell-Wiedet Maryland 2			
IMMEDIATE CAUSE Final	omplications that caused the lat only one deuse on each Severe conge	_{Ine.} stive he	enter the mod	fa of dying, auc	h as cardiac or resp	iratory arres		Approximate interval Between Onset and Deeti
Sequentially list conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	nfarcts	arteri	oscleros	is with ex	tensi	7e	
DATE II Other stantitions condition								
PART II. Other algorificant conditions Chronic lung dis				cause given in	Part i. 24a. WAS AMPERFO	RMED?	COI	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
							15	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			98 DI	ACE OF DEATH (Ch	eck only one!			
EXAMINER?	HOSPITAL:		THER:					
1 YES 2 NO	1 X Inpatient 2 ☐ ER/Outpatier 28a, DATE OF INJURY				8 Other (Specify) 28d. DESCRIBE HOW	IN HIPW COC:	DED	
Natural 5 Pending	(Month, Day, Year)	28b. TIME OF	WO	RK?	400. DEŞCRIBE HOW	INJUNT OCCU	RED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, stree		ES 2 NO	281. LOCATION (Street City or Town, State		Rural Route	Number,
20. CENTIFIED	CIAN: To the best of my knowledge	s, death occurred at	t the time, data	and place, and dua	to the cause(a) and ma	nner as stated		
anal only	R: On the basis of examination and							d manner as stated.
29b. SIGNATURE AND ATLE OF CENTIFIER	1	1		29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Mo	nth, Day, Year)

D00875

M.D.-GBMC 6701 N. Charles Street; Towson, MD

4/17/90

21204

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r death. Page 6 may be retained by the h	ne funeral director, page 5 should be detaon	examiner must be notified at onc
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the common of removal	De med within 12 nous aret beats with the base bept, or regult and investigating bound, or consequences. It seem 28 is marked, or stem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF M	MARYLAND / DEPAR CERTIF	RTMENT OF H	HEALTH AND	MENTAL HYGIENI REG. NO.	90
DECEDENT'S NAME (First, Middle, Last) Lillian V. K	rause				2. DATE OF DEATH DAY	y year 90
social security number 14-50-0676	5. SEX 1	8. AGE (In yrs. last birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 6 / 28 / 08	8. BIRTHPI Country) Mar
s. FACILITY NAME (If not institution, give s St. Agnes Hosp	,		96. CITY, TOWN	or location of di Lmore	EATH	9c. COUNTY OF DEA
ESIDENCE OF DECEDENT						

	1. DECEDENT'S NAME (First, Middle, Last) Lillian V. Krause					90	a. TIME OF DEATH 5:30 D M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last bit	rthday)IF UND	ER 1 YEAR		4 16	8.	BIRTHPLACE (State or Foreign
		YRS. MONTHS			728708	1	Paryland
TOR	9a. FACILITY NAME (If not institution, give street and number) St. Agnes Hospital RESIDENCE OF DECEMENT			R LOCATION OF DEATH		9c. COUNTY	OF DEATH
FUNERAL DIRECTOR		IOc. CITY, TOWN	OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 2006 Rollingwood Road		101.	21228		10g. CITIZEN	OF WHAT COUNTRY?
B∢	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 1 NO IF YES, GIVE WAR OR DATES	D 1:	If yes, spe	ENDENT OF HISPANIC (polify Cuban, Maxican, P 2 NO Specify:			RACE — American Indian, Black, Whita, atc. Specify: Vhite
COMPLETED	(Specify only highest grade completed) (Give Elementary/Secondary (0-12) College (1-4 or 5+)	pent's usual kind of work don not use retired memak	ne during mo: f.)	ON st of working	16b. KIND OF BU		TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) Aristide Franzoni			18. MOTHER'S NAME Virgin	(First, Middle, Maider		
TO B				nd Number or Rural Route gwood Ro			
	1 State 1 Stat	don P	ark	netery, crematory or Cemetery	Ba:	ltimoi	or Town, State
	21. SIGNATURE OF WHERAL SERVICE LICENSEE	2	Ster 736	ling Ash Edmondso	ton Fu n Ave/l	neral Balto.	Home, PA MD 21228
ICATION	23. PART I. Enter the disease, or complications that caused the death abook, or haert feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury)	SALACE OFF:	j	Arnes	1	olratory arrea	t, Approximate Interval Between Onset and Death
ERTIF	that initieted events reculting in death) LAST	ENCE OF):					
N: MEDICAL CERTIFICATION	PART II. Other eignificant conditione contributing to death but not res	ulting in tha	underlying	g cause given in Pai	rt I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТН	ER:	ACE OF DEATH (Check	THE STATE OF STATE OF		
/ PHYSICIAN	1 Natural 5 Pending (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WC	URY AT PRES 2 NO	Other (Specify) Bd. DE\$CRIBE HOW	INJURY OCCUI	RED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined Determined 25s. PLACE OF INJURY — At home building, etc. (Specify)	, farm, street, f	lactory, offic	• 28	City or Town, State		Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: To the best of my knowledge, death one)						
BE	29b. SIGNATURE AND TITLE OF CENTERS			D142	16	29d. DATE S	SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM :	(Type, Print)	0.6	2601 E	· Mono	merls	15/2.
	APRI 91990 Fisher Seindson Rande	92					

DHMH-16 Rev 1/89

APR 19 1990

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				YGIENE EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	AMELIA	A. KERN			2. DATE OF D	PEATH	3. TIME OF DEATN O 8 50 M				
	4. SOCIAL SECURITY STIMBER 213-10-4967	1 🗆 M 2 💢 F	7 6 YRS. M	F UNDER 1 YEAR DHTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	. 14	BIRTHPLACE (State or Foreign Country) Maryland				
TOR	9e. FACILITY NAME (If not institution, give	street and number)	9	Cal Va	16.A	nd	9c. COUNTY	Whid.				
DIRECTOR		timore	10c. CITY, 1	d5 (am fi	eld E	10d. INSIDE CITY LIMITS? 1 TYES 2 TO NO					
FUNERAL	10e. STREET AND NUMBER	breto. 1	we	10f	217	07	10g. CITIZEI	N OF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XNO		ecify Cuben, Mexica	n, Puerto Ricar	Gin? (Specify Yee or No- 10 Rican, etc.) 14. RACE — American Indian Black, White, etc. Specify: What it					
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12) 12 Years		16a. DECEDENT'S US (Give kind of won life. Do NOT use n HOMEMA	16b. KIN	of business/indus	STRY						
	17. FATHER'S NAME (First, Middle, Lest) Phillip A. Schmitt 18. MOTNER'S NAME (First, Middle, Melden Surname) Charlotte Horz 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
TO BE	Wilbur C. Kern						Baltimore,					
	20a. METHOD OF DISPOSITION 1 Deurial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Lake View	Memori	al Park		Sykesvil	•				
	21. SIGNATURE OF FUNERAL SERVICE LI	icensee) Unitside, Jr.	80,	Mitc		defeld	liome, Inc					
	23. PART I. Enter the disasses, or shock, or heart failure. IMMEDIATE CAUSE (Finel disasse or condition	. List only one cause on a	each line.	anter the mo	de of dylng, suc	h se cerdisc						
7	resulting in death)	DUE TO (OR AS SEVERE VA.	A CONSEQUENCE OF):		NCC/0801			172WEEKS				
CERTIFICATION	Sequantielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):		X E		4					
CERTI	resulting in death) LAST	d										
	PART II. Other significant condition	na contributing to death	but not resulting in	the undarlying	g cause given in		NAS AN AUTOPSY PERFORMED? YES 2 M NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)						
IXSI	1 Tes 2 No	1 Pinpetient 2 ER/Out	tpatient 3 DDA 4		e S 🗆 Residence							
BY PHYSICIAN: MEDICAL	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME (Y WC	PRK?	28d. DESCHI	BE HOW INJURY OCCU	HED				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre scily)	et, factory, offic	•	28f. LOCATIO City or To	N (Street and Number or wn, State)	Rural Route Number,				
COMPLETED	one)	SICIAN: To the best of my know										
	290-SIGNATURE AND TITLE OF CERTIFIE	EDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
TO BE		Then M.D.	FATH (ITEM 97) (Some P	rint	200 200 100			4L 15, 1990				

APP IN THE SALES

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 murs after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	U		
3	4		,
			he funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
			ermit. P
	91	ir death. Page 6 may be retained by the hospital or attending physician.	vunal-transit p
	3-314	anding p	as the t
	120	or after	for use
	3ALTIMORE, MARYLAND 21203-3146	he hospita	detached
	YL	by th	d be
	MAR	retained	shoul
	шî	ay be	page
	MORI	age 6 mi	director,
	ALTI	death. F	funeral
	m	7	97

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
C	ERTIFICATE	OF DEATH	REG. NO.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First, Middle, Last)		141				ATE OF OEATH 3. TIME OF OEATH					
Hubert	Μ.		Knott		монтн 4	17	90	D AR	6:46	А м	
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER		7. DATE OF E	NRTH 4 Year)	0.	BIRTHPL	ACE (State or	Foreign	
225-10-7590		77 YRS. MO	THS DAYS HOURS	MIN.	JULY DO	31,19	12		RGINI	A	
9a. FACILITY NAME (if not institution, give st	reet and number)	96	CITY, TOWN OR LOCATI	ON OF DE	ATH		9c. COUNTY	OF DEAT	Н		
Good Samaritan	Hospital		Baltimore	9							
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION					10	d. INSIDE CIT	гү	
MARYLAND		BALTIMORE						1	YES 2	NO	
10e. STREET AND NUMBER			101. ZIP COD				10g. CITIZEN			•	
1517 WINSTON RD				1239					S.A.		
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 X YES	2 NO	13. WAS DECENDENT O	ın, Maxican	, Puario Ricar		or No 14.		American in hite, atc.	dlan,	
3 Widowed 4 Olvorced	IF YES, GIVE WAR OR E	ATES	1 🗆 YES 2 💢 NO	Specify:	,			Specify:	ITE		
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USL	IAL OCCUPATION done during most of working	00	16b. KIN	O OF BUSI	NESS/INOUS				
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use re-	ired.)								
12	2	DISPATCH				TRUC					
17. FATHER'S NAME (First, Middle, Last)			18. MOT		AE (First, Middl		iumame)				
AMMI KNOTT 19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number			ICKEY	0	al-1			
JEAN KNOTT											
20a. METHOD OF DISPOSITION	20		INSTON RD.		TIMORE				Stata	_	
20a. METHOD OF DISPOSITION 1)	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE DENNIS CAPITANO 22. NAME AND ADDRESS OF FACILITY BALTIMORE M											
De l'annie		7/11 17/110	LEONARD J	l Bil							
23. PART i. Enter the diseases, or o	inplications that cause	d tha death. Do not	<u> </u>						Approxi	mate	
shock, or heart failure.	List only one cause on a	ach line.				•				Between nd Death	
disease or condition	Artonio	rolomotic .		.1	d: 000						
resulting in death)	e. Arterios DUE TO (OR AS	A CONSEQUENCE OF):	cardiovascı	паг	urseas	ie			†		
Samuelially list and distant	b										
Sequantially list conditions, if any, laeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							1		
cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO (OR AS	A CONSEQUENCE OF):							-		
that initiated events resulting in death) LAST	DOE TO (OIT AO	donal de la companya							į		
	d								1		
PART II. Other significant condition	e contributing to death	out not resulting in t	he underlying cause	given in	Part i. 24	PERFORI		A	ERE AUTOPSY MILABLE PRIC	OT PC	
					_ 1	YES X	Ø NO		OMPLETION O F DEATH?	F CAUSE	
					— _{T1}	VQUIR	Υ	1	YES 2	NO	
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF C	DEATH (Ch		10011					
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2√☐ ER/Out		THER: Nursing Home 5 A								
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. INJURY AT	aalounca			JURY OCCUP	RED			
1XX Netural 5 Pending	(Month, Day, Year)	INJURY	M 1 YES 2	□ NO							
2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJUR building, atc. (Spi	Y At home, farm, street	et, factory, office			N (Street a	nd Number or	Rurei Rou	te Number,		
4 Homicide determined	building, stee (Op.				Only or A	Avii, State)					
29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kno	vledge, death occurred a	t the time, data and place	e, and due	to the cause(a) and man	ner as stated.				
one) 2XX MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
29h. SIGNATURE AND TITLE OF CENTINE	290. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
Mounte Vo	OCME \$ 4/17/90										
30. NAME AND ADDRESS OF PERSON WH			nt)								
Margarita A. Kor			11	L1Pen	n St.			Balt	o.MD		
APR1 9 1990	Sa Dandon-Ad	ndage									

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DIVISION OF VITAL RECORDS, P.O. DOA 13146,	PITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after deat
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2	OR /
pall .	TAL

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			4. SOCIAL SECURITY NUMBER 212-22-706		5. SEX 1 M 2 X F	6. AGE	in yrs. lasi	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	?. DATE OF (Month, L	Day, Year)	024
	should		9a. FACILITY NAME (If not in			l	65		9h CITY	TOWN	OR LOCATIO	ON OF DE		22-19	924 9c. co
	2, 3	DIRECTOR	Liberty Me	dical						timo		ON OF DE			50.00
	les 1,	E C	10e. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN C	OR LOCAT	TION				
	T.	듬	Md					Ba	altim	ore					
	ermit	- 10	10e. STREET AND NUMBER						. 1 0 111	- 7	. ZIP CODE				10g. CI
	sit pe	8	1506 Morel	and Av	venue										U
	prystołan. burial-transit permit. Pages	FUNERAL	11. MARITAL STATUS		12. WAS DECEDER	NT EVER II	N U.S. ARI	MED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN?	Specify Vee	or No.
0	priysician burial-tra		1 Never Married 2		FORCES?	YES	2 X XN	0		If yes, sp			n, Puerto Ric		
2		BY	3 💢 Widowed 4 🗌 Divo	rced			20		ļ	123	2,40	оросну	·-		
203-3140	se as the			EDENT'S EDU			16a, OE(CEDENT'S	USUAL O	CCUPATIO	ON ast of worldn	ag .	16b. K	INO OF BUS	SINESS/IN
	for u		Elementary/Secondary (College (1-4 or 5	+)	life.	Do NOT us	se retired.)	daring mo	ot or worldr	9			
2	ched ched	₽ I													
retained by the hospital or att	be detach	E COMPLETED	17. FATHER'S NAME (First, M Clarence	Cart	er						18, MOT	Anni	me (First, Mid e Johi	dle, Maiden NSON	Surname)
		TO B	Ronald Kimb				196	MAILING	Ferr	s (Street a	Number K Ave	or Rural F	Route Number B	alto,	
ı i	the funeral director, page wai.		20y. METHOD OF DISPOSIT	ION		200	PLACE (OF DISPOS	SITION (Na	me of cer	netery, crem	natory or		20c. LO	CATION -
S 0	ector,		1 ^M Burial 2 □ Crematic 4 □ Donation 5 □ Other		noval from State	_ (Crow1	ก๊ริง i	lle \	Vete	ran (Ceme	tery	Cro	wnsv
	al dire		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE		-	,	22.	NAME A	ND ADDRES	SS OF FA	CILITY		
ן ו	tuneral di tuneral di examiner		VX a	00	W		. /.				ch F/				
9	by the removal.		23. PART I. Entar the d	iseases or	complications the	CAL	d the de	oth Do	not enter	4300			sh Ave		instance of
	3 .=	ŀ	shock, or h	eart failure.	List only one ca	use on e	ech line				-	ng, suc	/ /	C Or reap	ratory a
	the the		immediate cause (Figure 4) disease or condition resulting in death)	nal -	c	Di	yo	ca	ca	ha	L	6	nfa	cel	Lo
0	and completely o burial, cremati natic event, t	1			DUE TO	(OR AS	COMME	IUENCE O	F):	1		N	//	1	Salates
2	and co	S	Sequentieily list condit	Iona,	b	(OR A81	non	030	con	erce	0	sea	nd	Da	200
		CERTIFICATION	If any, leading to imme	diate	DOE 10		CONSEC	DENCE O	-		M.	111	1		
	= 5 -	윤	CAUSE (Disease or Injuthat initieted events		C. OUE TO	OR AS	CONSEC	UENCE O	Đ:		16.00	ecc			
5	ending ph Hygiene or other	Ē	resulting in death) LAS	т	516.7	H	PL	1	Ź .						
400	the atten Mental I	핑		-	d										
	- Q -	A	PART II. Other aignifice	ont condition	na contributing to	death b	out not n	esuiting	in the ur	ndariyin	g cauaa g	given in	Pert i. 2	4a. WAS AN PERFOR	AUTOPS
		MEDICAL											l	YES 2	-
5	een sign of Heaf	WE													
The law requires that the		¥.	25. WAS CASE REFERRED T EXAMINER?	MEOICAL							LACE OF O	EATH (Ch	eck only one)		
	rtificate	Sic	1 YES 2 NO		HOSPITAL:	ER/Out	patient 3	□ DOA	4 Nur		ne 5 🗆 Re	sidence	a 🗆 Other (Specify)	
L	TENDING PHYSICIAN: TOR: After this certificat after death with the Sta 28 is marked, or ite	PHYSICIAN:	27. MANNER OF DEATH		28a. DATE O (Month,	F INJURY Day, Year)		28b. TIM	IE OF JURY		JURY AT ORK?		28d. DESC	RIBE HOW I	NJURY O
	ther this ceath with marked,	ВУ	1 Natural 5 2 Accident	Pending Investigation					М		YES 2] NO			
5	CTDR: After s after death	0	3 Suicide 8	Could not be	26a. PLACE building	OF INJURY	— At ho	me, ferm,	street, fac	tory, offic	e		28f. LOCAT City or	ION (Street I	and Numb
	DIRECTOR: After 1 hours after death litem 28 is man	H	4 Homicide	determined											
5 3	DIRECT POURS	7	29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	f my know	riedge, de	eth occurr	ed at the t	time, date	end place	, end due	to the ceuse	e(e) end me	nner ee s
E C	HUSPITAL FUNERAL WITHIN 72 I	COMPLET	one)	ICAL EXAMIN	ER: On the basia of	examinatio	end/or i	nvestigatio	on, In my	opinion, o	death occur	red at the	time, date a	nd plece, en	d due to
	THE FUNER filed within	Ö	296. SIGNATURE AND TITLE	CERTIFIC	Z.	_	-		4		29c. LIC	ENSE NUI	WBER		29d. D/
i	TO THE Be filed	BE	1	Jark	in	>									•
	0=	U		_											

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BLUD

A2. REGISTRAR'S SIGNATURE

1 - FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

Ε.

Kimball

Lee

90 10496

8. BIRTHPLACE (State or Foreign Country) Md

> 10d. INSIDE CITY LIMITS? 1 X YES 2 NO

14. RACE — American Indien, Black, White, etc.

Black

1990

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY? USA

3. TIME OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

P.HO

2. DATE OF DEATH

16b. KINO OF BUSINESS/INOUSTRY

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ss (Street and Number or Rural F npark Avenue	noute Number, C Ba	Olty or Town, State 1to, Md	210 Cod	207				
Veteran Ceme NAME AND ADDRESS OF FAC		20c. LOCATION			tate 1d			
March F/H W		nue						
or the mode of dying, such	as cardiac	or reapiratory	arraat,		Approximate Interval Between Onset end Death			
olie Sea	nt !	Oisa	0-6	_				
111,0000	,							
indarlying causa given in		. WAS AN AUTOF PERFORMED? YES 2		COM OF E	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. PLACE OF OEATH (Che ER: ursing Home 5 □ Residence		ealfy)			741			
28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRI	BE HOW INJURY N (Street and Nur win, State)			Number,			
time, data end place, end due opinion, death occured at the	to the ceuse(e	o) end menner ee			menner ee stated.			
ast, blense hon	/	>	4	-18	90			
nD (1251	e f	AR.	HEK	2 Mg			
					DHMH-18 Rev 1/89			

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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2000	er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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31. DATE OF 50

	CH125 1 1.	112221					(90 10497		
	1 - FOR REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)				-	2. DATE OF DEATH		3. TIME OF DEATN		
	Keller D.	2134				4/17	150	1 1 1 1 1		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	214 40 2666	1 🗆 M 200	HOURS MIN.	MAYIIIS	15 1	PARYLAGO				
5	9a. FACILITY NAME (If not Institution, give str	et and number)		96. CITY, TOWN O	R LOCATION OF DE	EATH	9c. COUNTY	OF DEATH		
, R	ST- JOSSP.H		BA	LTINURE						
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		1 40 - 017	Y, TOWN OR LOCAT	1011			10d. INSIDE CITY		
DIRECTOR	DO AVI and		ioc. Gi		08			LIMITS?		
	100 CITIZEN	1 YES 2 NO								
A A	10e. STREET AND NUMBER	0.5		100	ZIP CODE		iog. citizal	2 0		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN II S ADMED	12 WAS DEC	ENDENT OF NICEAN	TO ORIGIN? (Specify Yes	Or No - 14	PACE - American Indian		
윤	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	ecity Cuban, Maxica	n, Puarto Rican, atc.)	OF NO.	RACE — American Indian, Black, White, atc.		
E E	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR ON E	DATES	I I TES	2 NO Specif	y:	1	Specify:		
ED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DECEDENT'S	USUAL OCCUPATION	ON at an adding	18b. KIND OF BUS	SINESS/INDUS	TRY		
L.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	st or working			4		
AP	12 YRS	5 + YRS.	SCHOO	12A	CHER	BALT	0.	iTy		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	~ :		-725-7	18. MOTHER'S NA	ME (First, Middle, Malden	Surname)			
BE (GEORGE F.	1 12 ner	S		SIM	IA LILLY				
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Co	de)		
-	FAMILY RECI) ROS	SE	A 301	S ABO	345				
	20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or phiece) 20c. LOCATION — City or Town, Stata									
	4 Donation 5 Other (Specify)	THESE ()	ARKW	13-1 000	D ADDRESS OF FA) I A	KNI	E 1 10-		
	71. SIGNAL OF CHARLES SENDE ELG	NOLE		SVA	W CHAF	TOF N	ngR	الما الما الما الما الما الما الما الما		
		house		880	OHARF	TORO ROA	o-PAK	RKVIDE		
	23. PART I. Enter the diseasea, or co ahock, or heart failure. L	mplications that cause	d the death. Do	not enter the mo	de of dying, auc	ch aa cerdiac or resp	iratory arrest	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel	de la la la la la la la la la la la la la			\			Onset and Death		
	disease or condition reaulting in death)	netest	rtic	bort	cst	conc.	-/			
		DUE TO (OR AS	A CONSEQUENCE O	F):						
N N	Sequentielly list conditions,	DUE TO (OR AS	A CONSEQUENCE O	5.						
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS	A CONSEGUENCE O	r).				į		
E S	CAUSE (Diseese or Injury thet initisted events	DUE TO (OR AS	A CONSEQUENCE O	F):			·			
E	resulting in deeth) LAST									
S										
A.	PART II. Other significent conditions	contributing to death	but not rasuiting	in the underlying	g ceuse given in	Part I. 24e. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă	6-1517	2212				1 YES :	NO	OF DEATH?		
Σ		~						1 YES 2 NO		
PHYSICIAN: MEDICAL	-									
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)					
IYS	1 YES 20 HO 27. MANNER OF DEATN	28e. DATE OF INJURY			URY AT	a Other (Specify) 2ad. DESCRIBE HOW	N IIIIN OCCU	250		
	Natural 5 Pending	(Month, Day, Year)	200, TH	JURY WO	PRK?	280. DESCRIBE HOW	INJUNY OCCUP	NED .		
B	Accident Investigation	28e. PLACE OF INJUR	IY — At home, farm.			28f. LOCATION (Street	and Number or	Rural Route Number		
3 Suicide 8 Could not be detarmined detarmined 288. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLETED	29a. CERTIFIER	NAME TO BE A SECOND	udadaa dise				vuluotan et			
MP	(Check only	CIAN: To the best of my known of the basis of examinations.						cause(s) and manner as stated.		
8				, or or, specially t						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		0 -		29c. LICENSE NU	moen	29d. DATE S	HIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATN (ITEM 27) (Typ	n. Print)			1	111170		

00/11/02

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPDRIANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Mario F.

APRI 9 1990

Golle,

M.D.

32. REGISTRAR'S SIGNATURE

Assistant

	G-003 3-10-90 CIII				•		J	0 10430		
	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Walter	М.		Lea	k	4 1		00 8:54 A M		
	4. SOCIAL SECURITY NUMBER	× -	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give st		THS.	OF OUTY TOWN O	OR LOCATION OF DE	8 10 5	9c. COUNTY	N.C.		
DIRECTOR	228 S. Broadway			ł	imore Cit		SE. COORT	OF DEATH		
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY		
E I	MD		Ba	ltimore				LIMITS?		
7	10e. STREET AND NUMBER		1 5 %		. ZIP CODE	·	10g. CITIZE	N OF WHAT COUNTRY?		
FUNERAL	228 S. Broadway				21231		t	JSA		
S	11, MARITAL STATUS	12. WAS DECEDENT EVER II	EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- 14. RACE							
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2)(NO Specify		Specify:			
	15. DECEDENT'S EDUC	CATION	40- DECEDENTIE	USUAL OCCUPATION	NI	16b. KIND OF BUS	 	Black		
1	(Specify only highest grade	completed)	(Give kind of a	work done during mo se retired.)	st of working	198. KIND OF BUS	SINESS/INDUS	int .		
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Unemplo	oved						
O	17. FATHER'S NAME (First, Middle, Last)			_V	18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)			
BE C	Mayso Leak				Luene	t Capl	e			
D .	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
-	Joseph Leak, Sr.					<u>ltimore, M</u>		1218		
	20a. METHOD OF DISPOSITION 1 D Burial 2 Cremetion 3 Rame	oval from Stata	other place)					y or Town, State		
- 1	4 Donation 5 Other (Specify)		Western S		CTORY ND ADDRESS OF FAC		timore	e MD		
	- hoo									
	Disaly	w and				Ol E. Nort				
	23. PART I. Enter the diseases, or of ahock, or haert fellura.	List only one cause on a		not anter tha mo	da or dying, suci	n as cardiac or reapi	ratory arres	Interval Between		
	iMMEDIATE CAUSE (Final disease or condition	ACUME HATO	Onset and Death							
	reaulting in death)	e. ACUTE HALO DUE TO (OR AS								
z		1000 500 West (2000)								
2	Sequentielly liet conditione, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):						
S	CAUSE (Disease or injury	с				<u>-</u>				
	that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE O	F):						
CERTIFICATION		d								
	PART II. Other eignificent condition	e contributing to death it	but not resulting	in the undarlyin	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
DIC						1 X YES 2		COMPLETION OF CAUSE OF DEATH?		
ME								1 X YES 2 1 NO		
N.										
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 □ NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch					
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Out	28b. TIN	E OF 28c. INJ	IURY AT	28d. DESCRIBE HOW !	NJURY OCCU	RED		
	1 Natural 5 Pending	4-15-90 Year)	IN.	JURY WC	PRK? YES 2 🖾 NO	SUBJECT T				
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	Y — At home, farm,	street, factory, offic	:8	281. LOCATION (Street	and Number of	Bural Route Number		
TED	4 Homicida datarmined	HOME HOME				281. LOCATION (Street and Number or Rural Route Number. City or Fown, Stete) 2 BROADWAY BALTIMORE, MARYLAND				
PLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	to the cause(s) and mai	nner as stated	I.						

29c. LICENSE NUMBER

OCME

111 Penn Street, Baltimore,

21201 v1

29d. DATE SIGNED (Month, Day, Year)

4-16-90

FOR STATE REGISTRAR

13146,
BOX
P.0.
RECORDS,
: VITAL
N OF
DIVISION

	1. DECEDENT'S NAME (First	, Middle, Last)							2. OATE OF C				3. TIME OF DEATH
	MILDRED LEASE												2140 M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In)	yrs. last birthday)	IF UNDER 1 YE	_	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	HRTH		8. BIRTH Countr	PLACE (State or Foreign
	212-12-549	0	1 M 2 K F	67	YAS.	MONTHS DA	(VS	HOURS MIN.	4/28/				land
	9a. FACILITY NAME (If not in	_			96. CITY, TO	Y, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH	
ECTOR	Brithmole (General	Hospit	al	RYA	100	ALLSTOW	J.		B	ite	mere
2	10a. STATE	10c. CI	TY, TOWN OR L	OCATIO	ON					10d. INSIDE CITY			
DIR	Maryland				Ва	ltimor	e						LIMITS?
F	10e. STREET AND NUMBER						_	ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
E	300 S. Ful	ton Av	e.					21223				U.S.	Α.
FUNE	11. MARITAL STATUS	2000	12. WAS DECEDED	T EVER IN U	I.S. ARMEO			NOENT OF HISPAN			or No-	14, RACE	- American Indian, c, White, atc.
BY	1 Never Married 2 3 Widowed 4 Divo	## F YES, GIVE WAR OR DATES						2 KCNO Specify		, , ,		Speci	100000000000000000000000000000000000000
品	15. DEC (Specify and	CEDENT'S EDU ly highest grade	CATION completed)	1	6a. DECEDENT' (Give kind or	work done durin	PATION g most	t of working	18b. KIN	D OF BUS	INESS/INC	DUSTRY	
MPLET	6th Grade	0-12)	College (1-4 or 5	+)	Homema								
00	17. FATHER'S NAME (First, M						18. MOTHER'S NAME (First, Middle, Maiden Surname)						
BE		Berlin						nown					
10	Cathy I. Jo						Street					223	
	20a, METHOD OF DISPOSIT	TION		LACE OF DISPI	OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or								
	1 X Surial 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) Loudon Park Cemetery Baltimore,										re.	Marvland	
	21. SIGNATURE OF FUNER	1	1 4			22. NAN	AE AN	O ADORESS OF FA					
Chinter H. Wile Hubbard Funera 4107 Wilkens A												o M	D 21229
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition Manual Cause (Cause Manual Response or condition)												
	disease or condition recuiting in desth) a. Masour Uppa Gastro Inlativa Blood Due to (or as a consequence of):												
N	S. C D. L. Alta												
FICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING Acute Pertervision												
FIC	CAUSE (Disesse or inju												<u> </u>
E	that initiated events resulting in death) LAST												
S	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
DICAL										nrt i. 24s. WAS AN AUTOPSY PERFORMED?		246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI		Congulabathy, Schozophenia, A							- 1	YES 2	□ NO		OF DEATH?
-	Mithal Storess, Mithal Insufficiency, Anomia										1 YES 2 NO		
AN	25. WAS CASE REFERRED T	TO MEDICAL					26. PL/	ACE OF DEATH (Ch	eck only one)				
HYSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpat	lent 3 DOA	OTHER:	Home	5 🗆 Realdence	8 Other (Sc	pec/fv)			
٥		Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. Ti	ME OF 26	c. INJL	JRY AT	28d. DESCRI		NJURY OC	CUREO	
TED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be determined		OF INJURY I, etc. (Specify	- At home, farm	, street, factory,	office		281. LOCATIO City or To	ON (Street own, State)	and Numbe	r or Rural i	Route Number,
OMPLET	onn)		SICIAN: To the best of										
O	29b. SIGNATURE AND TITU			-AnimielPOTI I		on, at my opine	roni, 04	29c. LICENSE NUI		, piace, an			a) and manner as stated.
BE	GAN	Λ.	Mc.	10				D 2506					(Month, Dey, Year)
5	30. NAME AND ADDRESS O			USE OF OEAT	TH (ITEM 27) (7)	pe, Print)	4 L	are, Re		Teta		,	
1	31. DATE FILED (Month, Day,		32. REGISTE	AR'S SIGNAT	TURE	ALX ITE		wie 1 1-0		-(00)	- 1	-	, 119 A
	APR1 919		Station Dain	m-R	indelle								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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4	uted
2	өхөс
<	2
. BC	ertificate
	death
D	the
Ę	that
in the contract of the contrac	requires
-	ME
¥.	The
2 7	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13140	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
=	8
_	PITAL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE,	BALLIMORE, MARYLAND 21203-3146
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Just after death. Page 6 may be retained by the hospital or attending physician.	s retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be active after death with the State Best of Heath and Mental Honleine prior to burial, cremation, or removal.	: 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT (OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

1 - STATE STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH			
Brian Michael	L	ASCHINSKY			April 15		RTHPLACE (State or Foreign	
4. SOCIAL SECURITY NUMBER			HUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 4-15-90	6. BI	RTHPLACE (State or Foreign	
Infant	XXM2 DF 0			1 28			Maryland	
9e. FACILITY NAME (If not institution, give Franklin Squa		1		OR LOCATION OF DE	ATH	Baltin		
RESIDENCE OF DECEDENT	10 1103 p 1 cu 1 0	LII CEI	Dare	TINOTE		Daiti	nor e	
MD Ba	n ltimore	10c. CITY, 1	OWN OR LOCA				10d. INSIDE CITY	
10e, STREET AND NUMBER	ttillore		Baltim			40- OUTSTEN C	1XXYES 2 NO	
5106 Ardmore W	ay Apt B		101. ZIP CODE 21206			10g. CITIZEN OF WHAT COUNTRY? USA		
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				IC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No 14. R	ACE — American Indian, lieck, White, atc.	
XX Never Married 2 Married 3 Wildowed 4 Olvorced	IF YES, GIVE WAR OR DA	ATES		2 NO Specify		s	pec//y White	
15. DECEDENT'S ED	I Info	16a. DECEOENT'S US	UAL OCCUPATION	ON	18b. KIND OF BUS	<u> </u>		
(Specify only highest gra	de completed) College (1-4 or 5 +)	(Give kind of wor life. Do NOT use i	k done during mo etired.)	st of working				
Infant	Infant	Infan	t		Non	ie		
17. FATHER'S NAME (First, Middle, Last)	D 1				ME (First, Middle, Maiden			
Michael Matt	new Beezley				Maria Las			
19a. INFORMANT'S NAME (Type/Print) Karen M. Lasch	insky				Houte Number, City or Town			
20a. METHOD OF DISPOSITION	206	PLACE OF DISPOSIT				CATION — City o		
1 KBurlal 2 Cremation 3 Re 4 Donation 5 Other (Nov.)	microsof frohm Status	other place)					Balto.Co., Md.	
21. SIGNATURE OF FUNERAL SETTICE	LICENSEE TIT		22. NAME A	ND ADDRESS OF FA	Funeral Ho	me Inc		
Ernest L/F	eist III				Towson,	-		
23. PART I. Entar the diseases, o							Approximsta	
shock, or heart failure IMMEDIATE CAUSE (Final	e. Liat only ona causa on a						Interval Between Onset and Death	
disease or condition resulting in death)	Cardiores	piratory <i>I</i>	Irrest					
		CONSEQUENCE OF):	· / / 2 n n		1 20al.			
Sequantially list conditions,	b. DUF TO (OR AS A	CONSEQUENCE OF):	y (app	rox IIIIa Le	ly 20 week	s gesta	tion)	
If any, laading to immediate cause. Enter UNDERLYING	Premature		Birth					
CAUSE (Disease or Injury that initiated evants		CONSEQUENCE OF):						
reaulting in death) LAST	d							
PART II. Other significant conditi	ona contributing to death b	ut not resulting in	tha undarlyln	g cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						· Egano	OF OEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)			
1 TYES 2 NO 27. MANNER OF GEATH	1 Dinpatient 2 ER/Outs 26a. OATE OF INJURY	attent 3 DOA 4	☐ Nursing Hor	ne 5 🗆 Residenca		N III DV OCCUPE		
1X Natural 5 Pending	(Month, Day, Year)	28b. TIME INJUR	RY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJOHT OCCURE	D .	
2 Accident Investigatio 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, farm, str			28f. LOCATION (Street	and Number or Ru	rel Route Number,	
4 Homicida detarmined	building, etc. (Spe	clfy)			City or Town, State)			
29a. CERTIFIER (Check only 1 CERTIFYING PH	YSICIAN: To the best of my know	ledge, death occurred	at the time, dat	and place, and due	to the cause(s) and ma	nner as stated.		
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atteted. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as atteted.								
29h. SIGNATURE AND TITLE OF CERTIF	John Committee of the C			29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)	
My 76	no	MM		D29866		D 4/	15/90	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mark Harris, M.D. 9000 Franklin Square Dr. Baltimore 21237								
31. OATE FILED (Month, Day, Year) APRI 0 1990	32. REGISTRAR'S SIGN	IATURE				 · 		